## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 11, 2005 8:00 am Secretary of State **DOCUMENT # P04000139710** 1. Entity Name 04-11-2005 90137 028 \*\*\*150.00 BLOCK FINE ARTS, INC. Principal Place of Business Mailing Address 4811 CORONADO WAY S 4811 CORONADO WAY S GULFPORT, FL 33711 GULFPORT, FL 33711 3. Mailing Address S. Elm 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04032005 Chg-P CR2E034 (10/03) Three Oaks City & State 4. FEI Number Applied For MI Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLOCK, HERBERT M Street Address (P.O. Box Number is Not Acceptable) 4811 CORONADO WAY S GULFPORT, FL 33711 City Zio Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition President NAME Ellen H. Block 4811 Coronado was STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GUIFPOIT. ☐ Delete Change Addition TITLE Herbert Block NAME NAME 4811 Coronado Way S. GSIFFOIL FL 33711 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

**FILED**