

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000139710	
1. Entity Name BLOCK FINE ARTS, INC.	

Principal Place of Business 4811 CORONADO WAY S GULFPORT FL 33711	Mailing Address 308 S ELM ST THREE OAKS MI 49128
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 75-3181499		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BLOCK, HERBERT M 4811 CORONADO WAY S GULFPORT FL 33711		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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 _____ (NOTE: Registered Agent signature required when reappointing)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P BLOCK, ELLEN M 4811 CORONADO WAY GULFPORT FL 33711 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition U000000742565 05/15/07-80074-022 150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP BLOCK, HERBERT 4811 CORONADO WAY GULFPORT FL 33711 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this report is true and correct, and that I am an officer or director of the corporation or the receiver or trustee empowered to file this report. If changed, or on an attachment with an address, with all other information required by Section 119, Florida Statutes, I further certify that the information is correct and true under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to file this report, and that the same appears in Block 10 or Block 11.

SIGNATURE: *Ellen M. Block* **Ellen M. Block** **4/24/07** **269/756-9632**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER Daytime Phone #