

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90367 024 ***158.75

DOCUMENT # P05000064520	
1. Entity Name BLOCK, ROCK, & BRICK, INC.	

Principal Place of Business 6108 3RD AVENUE EAST SEBRING FL 33870	Mailing Address 6108 3RD AVENUE EAST SEBRING FL 33870
---	---

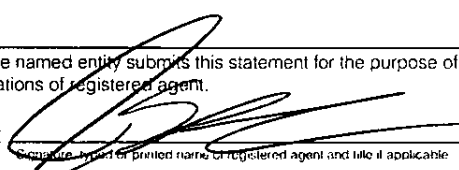


2. Principal Place of Business		3. Mailing Address 2805 SW 9th St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Boynton Beach	
Zip	Country	Zip 33435	Country USA

1st MOORE CR2E034 (10/05)

4. FEI Number 20-2802039		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DENSON, COREY C 6108 3RD AVENUE EAST SEBRING FL 33870		
7. Name and Address of New Registered Agent		
Name Jerry K. Sosa		
Street Address (P.O. Box Number is Not Acceptable) 2805 SW 9th St		
City Boynton Beach FL Zip Code 33435		

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 reinstating)

DATE **4/6/06**

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOSA, JERRY K 2805 SW 9TH STREET BOYNTON BEACH FL 33435 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sosa, Christina D. 2805 SW 9th St. Boynton Beach, FL 33435 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, DARNELL M 1305 CARIBBEAN WAY LANTANA FL 33462 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENSON, COREY C 6108 3RD AVENUE EAST SEBRING FL 33870 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Christina D. Sosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06 561-734-4002

Date

Daytime Phone #