


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90023 032 ***150.00

DOCUMENT # P07000055942	
1. Entity Name BEDROCK BLOCK CO.	

Principal Place of Business 10500 ROCKET CT. ORLANDO, FL 32824	Mailing Address 10500 ROCKET CT. ORLANDO, FL 32824
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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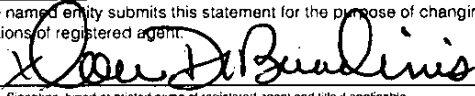
Zip	Country	Zip	Country
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40032010



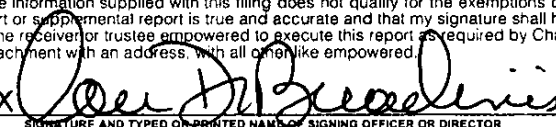
03192008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent DEBERADINIS, LOU 10500 ROCKET CT. ORLANDO, FL 32824	
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7. Name and Address of New Registered Agent Name: WORMAN, ROBERT B Street Address (P.O. Box Number is Not Acceptable): 1030 NORTH ORANGE AVENUE SUITE 102 City: ORLANDO FL Zip Code: 32801	
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	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-ST-ZIP	P DEBERADINIS, LOU 10500 ROCKET CT. ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DEBERADINIS, LOU 10500 ROCKET CT. ORLANDO, FL 32824 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 officer-like empowered. SIGNATURE:  3/19/08 407-859-1300 Signature and typed or printed name of signing officer or director Date Daytime Phone #	
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