

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90017 032 \*\*\*150.00

**DOCUMENT # P97000047391**

1. Entity Name  
**BLOCK & NATION, P.A.**



Principal Place of Business  
**4270 ALOMA AVE., STE. 194  
WINTER PARK, FL 32792**

Mailing Address  
**4270 ALOMA AVE., STE. 194  
WINTER PARK, FL 32792**

**40048743**



2. Principal Place of Business - No P.O. Box #  
**2441 W. State Rd 426**

3. Mailing Address  
**2441 W. State Road 426**

Suite, Apt. #, etc.  
**2011**

Suite, Apt. #, etc.  
**2011**

03102008 Chg-P CR2E034 (12/06)

City & State  
**Oviedo, FL**

City & State  
**Oviedo, FL**

4. FEI Number  
**59-3451416**

Applied For  
Not Applicable

Zip  
**32765**

Country

Zip  
**32765**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**LABRET, STEVEN.M  
226 HILLCREST ST.  
ORLANDO, FL 32801**

## 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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BLOCK, BRADLEY M**  
STREET ADDRESS **4270 ALOMA AVE., STE. 194**  
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **D** ☐ Delete  
NAME **NATION, AMY J**  
STREET ADDRESS **4270 ALOMA AVE., STE. 194**  
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **D** ☐ Delete  
NAME **CHASE, CRAIG P**  
STREET ADDRESS **4278 ALOMA AVE STE #194**  
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **Block, Bradley**  
STREET ADDRESS **2441 W. State Road 426, Ste 2011**  
CITY-ST-ZIP **Oviedo, FL 32765**

TITLE ☒ Change ☐ Addition  
NAME **Nation, Amy**  
STREET ADDRESS **2441 W. State Road 426, Ste 2011**  
CITY-ST-ZIP **Oviedo, FL 32765**

TITLE ☒ Change ☐ Addition  
NAME **Chase, Craig P.**  
STREET ADDRESS **2441 W. State Road 426, Ste 2011**  
CITY-ST-ZIP **Oviedo, FL 32765**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 other like empowered.

SIGNATURE: Amy J. Nation **Amy J. Nation, DO.** **3/17/08** **407-678-6888**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Vice President** Date Daytime Phone #