

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000099252

1. Entity Name
SHORT BLOCK TECHNOLOGIES, INC.



Principal Place of Business
1401 N. MYRTLE AVENUE
CLEARWATER, FL 33755 US

Mailing Address
1401 N. MYRTLE AVENUE
CLEARWATER, FL 33755 US

FILED
07 MAR 15 AM 9:52
OFFICE OF STATE
TALLAHASSEE, FLORIDA



03082007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3479331

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PICKREN, GREGORY B
1401 N. MYRTLE AVENUE
CLEARWATER, FL 33755

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME PICKREN, GREGORY B
STREET ADDRESS 1401 N. MYRTLE AVENUE
CITY-ST-ZIP CLEARWATER, FL 33755

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

TITLE D ☐ Delete
NAME PATTERSON, JENNIFER L
STREET ADDRESS 1401 N MYRTLE AVE
CITY-ST-ZIP CLEARWATER, FL 33755

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

TITLE D ☐ Delete
NAME HOPKINS, WILLIAM
STREET ADDRESS 1401 N. MYRTLE AVE.
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE ☐ Change ☐ Addition
NAME 600094852976
STREET ADDRESS 03/27/07--01033--004 **61.25
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President ☐ Change ☒ Addition
NAME CJ Lammers
STREET ADDRESS 1401 N. Myrtle Ave
CITY-ST-ZIP Clearwater, Fla 33755

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer L Patterson 3/8/07

Date

727-443-0373

Daytime Phone #