


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000014020 1. Entity Name AMERICAN BLOCK CORPORATION	
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Principal Place of Business
13720 N NEBRASKA AVE
TAMPA, FL 33613

Mailing Address
13720 N NEBRASKA AVE
TAMPA, FL 33613



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3498030	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, H S
611 WEST AZEELE STREET
TAMPA, FL 33606

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAHL, PHILLIPS
STREET ADDRESS	22204 LAVER LN
CITY - ST - ZIP	LAND O LAKES, FL 34639
TITLE	TD
NAME	PEEK, WILLIAM
STREET ADDRESS	3131 FOXWOOD BLVD
CITY - ST - ZIP	WESLEY CHAPEL, FL 33543
TITLE	SD
NAME	PHILLIPS, ROGER
STREET ADDRESS	15011 LAKE EMERALD BLVD
CITY - ST - ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/28/05-80103-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/25/05 839779991
Date Daytime Phone # 2120