2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 27, 2005 08:00 AM DOCUMENT # P98000056189 **Secretary of State** 1. Entity Name HERB BLOCK & COMPANY, INC. Principal Place of Business Mailing Address 3411 N.W. 55TH STREET FORT LAUDERDALE FL 33309 3411 N.W. 55TH STREET FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 65-0846730 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLOCK, HERBERT P Street Address (P.O. Box Number is Not Acceptable) 3411 N.W. 55TH STREET FORT LAUDERDALE FL 33309 Zip Code City FL 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 | am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and uttail applicable (NOTE, Registered Agent signature required when reinsteting) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D Change Addition Hite ☐ Defete ma BLOCK, HERBERT P NAME NAME 3411 N.W. 55TH STREET STREET ADDRESS STREET ADDRESS CHY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP Change ☐ Addition TITLE Delete 11333 U00000333649 NAME 04/27/05-80012-022 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DILE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7P Change HILE ☐ Delete Trick Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-7IP CITY -ST-ZIP ☐ Change ☐ Addition HRE Delete MALE NAM! NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

**FILED**