


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000020874
 1. Entity Name
BLES CUSTOM CARPENTRY, INC.



Principal Place of Business
**915 HARBOR LAKE CT
 SAFETY HARBOR, FL 34695-2303**

Mailing Address
**1534 MEADOW DALE DR.
 CLEARWATER, FL 33764**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3700130	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**BLES, VASILIOS
 1534 MEADOW DALE DR.
 CLEARWATER, FL 33764**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BLES, VASILIOS 1534 MEADOW DALE DR. CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLES, TERRY 1534 MEADOW DALE DR CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLES, DEMETRIOS 1534 MEADOW DALE DR CLEARWATER, FL 33764
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000581447
 01/10/07-80086-032 150.00

U00000581447
 01/10/07-80086-033 8.75

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: Vasilios Bles **1/4/07 727 536 3232**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #