


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000082669**

1. Entity Name  
**B.L.S. & C., INC.**



Principal Place of Business      Mailing Address

13 E. MELBOURNE AVE., C-E      597 ASBURY AVE., N.E.  
MELBOURNE, FL 32901 US      PALM BAY, FL 32907

**DO NOT WRITE IN THIS SPACE**



03302004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3278216**      Not Applicable

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

6. Name and Address of Current Registered Agent

**KANCILIA, JOHN R ESQ**  
**1800 WEST HIBISCUS BLVD**  
**SUITE 138**  
**MELBOURNE, FL 32901**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and fee if applicable      (NOTE: Registered Agent's signature required when retreating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	DPC PUTZ, RICHARD A 597 ASBURY AVE., N.E. PALM BAY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST PUTZ, CELESTINE M 597 ASBURY AVE., N.E. PALM BAY, FL
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04/01/04-800018-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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 Celestine Putz      **CELESTINE PUTZ**      3/30/04      321-727-3505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day - 11 Phone #