


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90419 013 \*\*\*150.00

**DOCUMENT # P01000078748**

1. Entity Name  
**BLESS, INC.**



Principal Place of Business      Mailing Address  
**2663 E LAKE RD**                      **2663 E LAKE RD**  
**PALM HARBOR, FL 34685**              **PALM HARBOR, FL 34685**

**00013177**



2. Principal Place of Business      3. Mailing Address

Suite, Apt #, etc                      Suite, Apt # etc

03312006      Chg-P      CR2E034 (11/05)

City & State                      City & State

Zip                      Country                      Zip                      Country

4. FEI Number  
**59-3740254**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GUIRGESS, EMILE**  
**1809 PIPERS MEADOW DRIVE**  
**PALM HARBOR, FL 34683**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number's 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 of, and address of, the registered agent in this case      Name, title, and address of officer or director certifying

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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           | <input type="checkbox"/> Delete |
|-------|-----------------|--------------------------|-----------------------|---------------------------------|
| DP    | GUIRGESS, EMILE | 1809 PIPERS MEADOW DRIVE | PALM HARBOR, FL 34683 | <input type="checkbox"/>        |
| VSTD  | HANNA, SAMY G   | 4369 RIDGEMOOR DR N      | PALM HARBOR, FL 34685 | <input type="checkbox"/>        |
|       |                 |                          |                       | <input type="checkbox"/>        |
|       |                 |                          |                       | <input type="checkbox"/>        |
|       |                 |                          |                       | <input type="checkbox"/>        |
|       |                 |                          |                       | <input type="checkbox"/>        |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS | CITY ST ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 supplementary 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 the address, with all other officers empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR