



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000072555		
1. Entity Name BLEU ENTERPRISES, INC.		
Principal Place of Business 4030 SEVILLE AVENUE COCOA, FL 32926		Mailing Address 4030 SEVILLE AVENUE COCOA, FL 32926
DO NOT WRITE IN THIS SPACE		
		
01312005 No Chg-P CR2E034 (10/03)		
4. FEI Number 02-0628430		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
LOISELLE, KEVIN 4030 SEVILLE AVENUE COCOA, FL 32926		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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOISELLE, KEVIN 4030 SEVILLE AVENUE COCOA, FL 32926	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOISELLE, LISA 4030 SEVILLE AVENUE COCOA, FL 32926	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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: <i>John A. Loisele, V.P.</i> <i>LISA A. Loisele, V.P.</i> <i>1/31/05</i>		DO NOT WRITE IN THIS SPACE U000000212805 02/03/05-80041-025 150.00 321 633-5048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #