


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V08676**  
 1. Entity Name  
 BLISS TOOL COMPANY, INC.



Principal Place of Business  
 5400 NO. OCEAN DRIVE  
 C/O SIMPSON-PH-D  
 RIVIERA BEACH, FL 33404

Mailing Address  
 50 BACON STREET  
 PAWTUCKET, RI 02860 US



02272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0307619

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

BLISS, FRANK V  
 5400 NORTH OCEAN DRIVE  
 C/O SIMPSON PH-D  
 RIVIERA BEACH, FL 33404

**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's signature required when reinstating) \_\_\_\_\_ 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

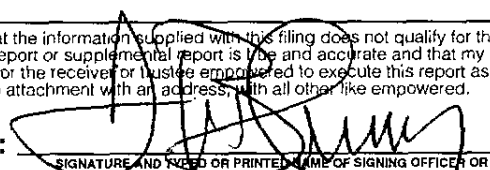
000000107670  
 04/09/04 00024 012 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	BLISS, FRANCIS V
STREET ADDRESS	5400 NORTH OCEAN DRIVE
CITY - ST - ZIP	RIVIERA BEACH, FL 33404
TITLE	DVS
NAME	BLISS, JANE ANN
STREET ADDRESS	5400 NORTH OCEAN DRIVE
CITY - ST - ZIP	RIVIERA BEACH, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/6/04 Daytime Phone #: 401-929-7690