


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 586791
 1. Entity Name
B & D MACHINE AND TOOL, INC.



Principal Place of Business Mailing Address
 1720 MAIN ST NE., UNIT 3 1720 MAIN ST NE., UNIT 3
 PALM BAY, FL 32905 US PALM BAY, FL 32905 US

DO NOT WRITE IN THIS SPACE



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1879875	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
ANZENGRUBER, DUARD
1954 MADISON AVENUE
MELBOURNE, FL 32935

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

UN0000214034
 02/03/05-80096-001 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANZENGRUBER, DUARD 1954 MADISON AVENUE MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT ANZENGRUBER, NORMA JEAN 1954 MADISON AVE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIGGIANO, JOHN T MGR 1140 MAVERICK RD NW PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEYER, DAWN 741 SAMUEL CHASE LN WEST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIGGIANO, JR, JOHN T MGR 3896 LAKESIDE LN PALM BAY, FL 32909
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)(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: *Yong Anzengruber* 2-1-5 (321) 727-0098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #