

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90289 039 ***150.00

DOCUMENT # P01000085084

1. Entity Name

B & B WELDING SUPPLY, INC.



Principal Place of Business

**608C FAIRMONT AVE
SAFETY HARBOR FL 34695**

Mailing Address

**608C FAIRMONT AVE
SAFETY HARBOR FL 34695**



2. Principal Place of Business

7543 MONTERREY BAY DR.

Suite, Apt. #, etc.

UNIT 4

3. Mailing Address

7543 MONTERREY BAY DR.

Suite, Apt. #, etc.

UNIT 4

City & State

MENTOR ON THE LAKE OH.

City & State

MENTOR ON THE LAKE OH.

Zip

44060

Country

USA

Zip

44060

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

36-3819144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEHM, VICTORIA P ESQUIRE
405 2 STREET SOUTH, STE C
SAFETY HARBOR FL 34695**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KOCH, JAMES B**
STREET ADDRESS **608C FAIRMONT AVE**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **James B. Koch** **JAMES B. KOCH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-06

Date

440-209-8058

Daytime Phone #