


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000070299**

1. Entity Name  
**INSIGHT PRECISION TOOLING, INC.**



Principal Place of Business      Mailing Address

**1001 C CRANLEIGH AVE  
 DELAND, FL 32720**      **1001 C CRANLEIGH AVE  
 DELAND, FL 32720**

**DO NOT WRITE IN THIS SPACE**



01252005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**59-3534512**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, THOMAS K  
 2540 S. SPRING GARDEN AVENUE  
 DELAND, FL 32720**

**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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, THOMAS K
STREET ADDRESS	2540 S. SPRING GARDEN AVENUE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	D
NAME	SMITH, SUSAN M
STREET ADDRESS	2540 S. SPRING GARDEN AVE.
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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(9)(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:** Thomas K. Smith    **Thomas K. Smith**    4-8-05    386-736-6644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #