

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000074753**

1. Entity Name  
**B & B PRECISION SERVICES, INC.**



Principal Place of Business  
**332 KIRKCALDY DR.  
WINTER SPRINGS, FL 32708-5307**

Mailing Address  
**332 KIRKCALDY DR.  
WINTER SPRINGS, FL 32708-5307**



01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3595166</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SMITH, WILLIAM  
332 KIRKCALDY DR.  
WINTER SPRINGS, FL 32708-5307**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000203205  
01/29/05-80021-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SMITH, WILLIAM
STREET ADDRESS	332 KIRKCALDY DR.
CITY - ST - ZIP	WINTER SPRINGS, FL 327085307

TITLE	D
NAME	SMITH, BECKY
STREET ADDRESS	332 KIRKCALDY DR.
CITY - ST - ZIP	WINTER SPRINGS, FL 327085307

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
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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:**

*William B. Smith*  
**William B Smith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-25-05* *(352) 636-6938*

Date

Daytime Phone #