

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



2. Principal Place of Business      3. Mailing Address  
**7543 MONTEREY BAY DR.**      **7543 MONTEREY BAY DR.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**UNIT 4**      **UNIT 4**

1st MOORE      CR2E034 (10/05)

City & State      City & State  
**MENTOR ON THE LAKE OH.**      **MENTOR ON THE LAKE OH.**

4. FEI Number      Applied For  
**36-3819144**      Not Applicable

Zip      Country      Zip      Country  
**44060**      **USA**      **44060**      **USA**

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 \_\_\_\_\_ 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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KOCH, JAMES B</b>
STREET ADDRESS	<b>608C FAIRMONT AVE</b>
CITY-ST-ZIP	<b>SAFETY HARBOR FL 34695</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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**      4-3-06      440-209-8058  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #