


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90058 046 ****70.00

DOCUMENT # N02000001297
 1. Entity Name
TUBA-X-MAS, INC.



Principal Place of Business: **2119 WINTERBOURNE W. ORANGE PARK FL 32073**
 Mailing Address: **2119 WINTERBOURNE W. ORANGE PARK FL 32073**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
HALL, ARTHUR L
2119 WINTERBOURNE W.
ORANGE PARK FL 32073

4. FEI Number: **59-3760817**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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 \$61.25 Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD	<input type="checkbox"/> Delete
NAME: HALL, ARTHUR L	
STREET ADDRESS: 2119 WINTERBOURNE W.	
CITY-ST-ZIP: ORANGE PARK FL 32073	
TITLE: PD STD	<input type="checkbox"/> Delete
NAME: HALL, SUNA J	
STREET ADDRESS: 2119 WINTERBOURNE W.	
CITY-ST-ZIP: ORANGE PARK FL 32073	
TITLE: CD	<input type="checkbox"/> Delete
NAME: DICKMAN, MARC	
STREET ADDRESS: 10352 MARBLE EGRETS DR	
CITY-ST-ZIP: JACKSONVILLE FL 32257	
TITLE: CD JPO	<input type="checkbox"/> Delete
NAME: TALLMAN, LARRY	
STREET ADDRESS: 4800 DEERWOOD CAMPUS PARKWAY	
CITY-ST-ZIP: JACKSONVILLE FL 32246-8273	
TITLE: D	<input type="checkbox"/> Delete
NAME: YATES, LYNN	
STREET ADDRESS: 2873 ROBINETTE DR	
CITY-ST-ZIP: ORANGE PARK FL 32073	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: SECRETARY/TREAS/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: VICE PRES/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROBB VANBEEK	
STREET ADDRESS: 13700 RICHMOND PK #1108	
CITY-ST-ZIP: JACKSONVILLE FL 32224	
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 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 617, 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: A.L. HALL **A.L. HALL.** 26 JAN 05 **904-265-9819**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #