## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000001297

Entity Name: TUBA-X-MAS, INC.

City-St-Zip:

JACKSONVILLE, FL 32224

FILED Jan 20, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2119 WINTERBOURNE W. ORANGE PARK, FL 32073 **Current Mailing Address: New Mailing Address:** 2119 WINTERBOURNE W. ORANGE PARK, FL 32073 FEI Number: 59-3760817 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HALL, ARTHUR L 2119 WINTERBOURNE W. US ORANGE PARK, FL 32073 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HALL, ARTHUR L Name: Name: 2119 WINTERBOURNE W. Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: Title: STD Title: ( ) Delete () Change () Addition Name: HALL, SUNA J Name: Address: 2119 WINTERBOURNE W. Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: Title: CD () Delete Title: () Change () Addition DICKMAN, MARC Name: Name: 10352 MARBLE EGRETS DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: **VPD** ( ) Delete Title: () Change () Addition Name: TALLMAN, LARRY Name: 4800 DEERWOOD CAMPUS PARKWAY Address: Address: City-St-Zip: JACKSONVILLE, FL 322468273 City-St-Zip: Title: () Delete Title: () Change () Addition VANECK, ROBB Name: Name: 13700 RICHMOND DR. #1108 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: A L HALL P 01/20/2009