


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 281658 1. Entity Name TUBE LIGHT COMPANY, INC.	
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Principal Place of Business TUBE LIGHT COMPANY 102 SEMORAN COMMERCE PL APOPKA, FL 32704 US	Mailing Address 300 PARK ST MOONACHIE, NJ 07074 US
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1050790	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREGORY H. MCCARTER 193 RIVER VILLAGE DR DEBARY, FL 32713
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUCK, ALLAN D 755 LACY CIRCLE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JAFTE, LEON H 324 JORDAN ROAD NEW MILFORD, N J,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MCCARTER, EDWIN H. 3237 WOLSTENHOLME BARLETT, TN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ABEL, STEVEN 11 WOODWIND LN SPRING VALLEY, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/05/04-80035-020 150.00

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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: <u>LEON H. JAFFE</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4/1/04</u> <small>Date</small>	Daytime Phone # <u>201-641-6660</u> <small>Daytime Phone #</small>
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