

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90009 050 ***150.00

DOCUMENT # 434588

1. Entity Name
TUBETEC, INC.



Principal Place of Business
**301 BROWN AVENUE
SANFORD, FL 32771 US**

Mailing Address
**301 BROWN AVENUE
SANFORD, FL 32771 US**

50001301



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-1510696

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~STASER, MONICA
27910 SE 42
PAISLEY, FL 32767~~

Remove

Name
MELISSA H. CANTRELL

Street Address (P.O. Box Number is Not Acceptable)

735 SILVERCLOUD CIR., APT. #203

City
LAKE MARY

FL

Zip Code
32746

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

Melissa H. Cantrell

Melissa H. Cantrell

1-7-05

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
REID, CHARLES L
826 SOUTH MCDUFFIE STREET
ANDERSON, SC 29624** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STVP
REID, CARLE
29 CHESTNUT RIDGE DRIVE
INMAN, SC 29349** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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:

Charles L. Reid

CHARLES L. REID

1-7-05 407-323-0940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #