# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 19, 2004 8:00 am**
**Secretary of State**
03-16-2004 90034 004 ***150.00

DOCUMENT # F94000001408

1. Entity Name
TUBEX, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| INDUSTRIAL AIR PARK<br>P.O. BOX 1547<br>LOUISA, VA 23093-1547 | INDUSTRIAL AIR PARK<br>P.O. BOX 1547<br>LOUISA, VA 23093-1547 |

DO NOT WRITE IN THIS SPACE

03112004 No Chg-P CR2E034 (10/03)

4. FEI Number
62-1344596
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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: [signature] 29 MARCH 2004
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, 2004 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PSD |
| NAME | SCOTT, DAN H |
| STREET ADDRESS | INDUSTRIAL AIR PARK, P.O. BOX 1547 |
| CITY-ST-ZIP | LOUISA, VA 23093 |
| TITLE | VD |
| NAME | BENGTSON, JERRY |
| STREET ADDRESS | S-244 02 FURULUND |
| CITY-ST-ZIP | SWEDEN, FL |
| TITLE | TD |
| NAME | JONSSON, DENNIS |
| STREET ADDRESS | S-244 02 FURULUND |
| CITY-ST-ZIP | SWEDEN, |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: [signature] 12 APR 2004 540-967-0733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #