


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # G84490 1. Entity Name TAMPA TUBE CONTAINERS, INC.	
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Principal Place of Business % VICTOR J. BOLSA 6605 ANDERSON RD TAMPA, FL 33634 US	Mailing Address % VICTOR J. BOLSA 6605 ANDERSON RD TAMPA, FL 33634 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2380822	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOLSA, VICTOR J. 6605 ANDERSON RD. TAMPA, FL 33634	DO NOT WRITE IN THIS SPACE
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000290568 04/06/05-80070-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOLSA, VICTOR 6605 ANDERSON RD TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOLSA, MARIANO 6605 ANDERSON RD TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOLSA, MARIA M 6605 ANDERSON RD TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BOLSA, VICTOR J. 6605 ANDERSON RD TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Victor J. Bolso Date: 4/1/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR