

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G84490

FILED
Jan 04, 2010
Secretary of State

Entity Name: TAMPA TUBE CONTAINERS, INC.

Current Principal Place of Business:

% VICTOR J. BOLSA
18116 SPENCER RD
ODESSA, FL 33556 US

New Principal Place of Business:

VICTOR J. BOLSA
18116 SPENCER RD
ODESSA, FL 33556 US

Current Mailing Address:

% VICTOR J. BOLSA
18116 SPENCER RD
ODESSA, FL 33556 US

New Mailing Address:

VICTOR J. BOLSA
18116 SPENCER RD
ODESSA, FL 33556 US

FEI Number: 59-2380822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLSA, VICTOR J.
18116 SPENCER RD
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: BOLSA, VICTOR J
Address: 18116 SPENCER RD
City-St-Zip: ODESSA, FL 33556

Title: V
Name: BOLSA, MARIANO
Address: 18116 SPENCER RD
City-St-Zip: ODESSA, FL 33556

Title: S
Name: BOLSA, VICTOR J
Address: 18116 SPENCER RD
City-St-Zip: ODESSA, FL 33556

Title: VTD
Name: BOLSA, VICTOR J
Address: 18116 SPENCER RD
City-St-Zip: ODESSA, FL 33556

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VICTOR J.BOLSA

P

01/04/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date