

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # M42065

1. Entity Name
CUSTOM RESIDENTIAL PUMP SERVICE BY TUBBS, INC.



Principal Place of Business

**3546 MILITARY TRAIL (334638734)
P.O. BOX 5868
LAKE WORTH, FL 33466-2868**

Mailing Address

**3546 MILITARY TRAIL (334638734)
P.O. BOX 5868
LAKE WORTH, FL 33466-2868**



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2737736

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TUBBS, ROBERT EDGAR
3465 ROSTAN LANE
LAKE WORTH, FL 33463**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2006 Fee will be \$550.00**

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

**U000000394718
01/26/06-80022-004 150.00**

10. OFFICERS AND DIRECTORS

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
TUBBS, ROBERT EDGAR
3465 ROSTAN LANE
LAKE WORTH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
TUBBS, CHARLOTTE SUE
3465 ROSTAN LANE
LAKE WORTH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *x Charlotte Tubbs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-06
Date

Daytime Phone #