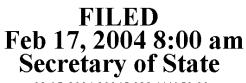
## 2004 FOR PROFIT\_CORPORATION

## **ANNUAL REPORT (AR)** DOCUMENT # P02000069188



ART TUBE	BS & ASSOCIATES, INC.	,			02-17-2004 90045 023 ***150.00	
Principal Plac	e of Business	Mailing Address				
202 LAKE MIRIAM DR SUITE E15 LAKELAND FL 33813		202 LAKE MIRIAM DR SUITE E15 LAKELAND FL 33813			i indiinde ji dadin ilgii dain gani adan bark diila 1878 1881 inini (chadi ii indi	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)	
City & State		City & State			4. FEI Number 68-0511784 Applied For Not Applicate	
Zip	Country	Zip	Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent			7. Name and Address of New Registered Agent	
			Name Name	Name		
TUBBS, ARTHUR N 202 LAKE MIRIAM DR SUITE E15 LAKELAND FL 33813			Street A	Street Address (P.O. Box Number is Not Acceptable)		
			City		FL Zip Code	
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 a	and title if applicable. (NOTE:	Registered Agent signs	ture required w	when reinstating) DATE	
	ILE NOW!!! FEE IS \$150.00					
Afte	r May 1; 2004 Fee will be \$550.00 Payable to Florida Department of	State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S	Delete	TITLE	V. P	Change Addition	
NAME CERTET ADDRESS	KOONTZ, CHERYL 12229 OLD DADE CITY RD		name Street address	Doy	JALD W. WESTERFELD Grange MADRIELL CAKE MIRIAM DR. Suite E-15	
STREET ADDRESS CITY-ST-ZIP	KATHLEEN FL 33849		CITY-ST-ZIP	LOZ	ELAND, FL. 338/3	
TITLE	Т	Delete	TITLE		Change Addit	
NAME	TUBBS, LOIS J	Dolois	NAME			
STREET ADDRESS	202 LAKE MIRIAM DR SUITE E15		STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP			
TITLE	P	Delete	TITLE		☐ Change ☐ Addit	
MAME	TUBBS, ART		STREET ADDRESS	يخب جدد بست	ميغياء هاللها الهاج المحكال والرائز والتي الداري والميميني التي الميكني الميكني الميكار والمعالي <u>والميا</u>	
STREET ADDRESS CJTY-ST-ZIP	202 LAKE MIRIAM DR SUITE E15 LAKELAND FL 33813		CITY-ST-ZIP			
TITLE	EARLE AND TE OOOTO	☐ Delete	TITLE	<del>                                     </del>	☐ Change ☐ Addit	
NAME			NAME	1		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		. Change Addit	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	1		
		☐ Delete	TITLE	+	☐ Change ☐ Addit	
TITLE NAME		☐ Delete	NAME			
STREET ADDRESS	į		STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>		
12. I hereby	certify that the information supplied with	this filing does not qualify for	the exemption st	ated in Sec	ction 119.07(3)(i), Florida Statutes. I further certify that the information	

or freeby certify that the information supplied with this filling does not qualify for the exemptor state of 18 section 1

SIGNATURE: MAN TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tubbs President 2-4-2004 646-8707