

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90028 048 ***150.00

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1. Entity Name

CUSTOM TUBE PRODUCTS, INC.



Principal Place of Business

435 AIR PARK ROAD
EDGEWATER, FL 32132

Mailing Address

P.O. BOX 936
EDGEWATER, FL 32132

40056600



DO NOT WRITE IN THIS SPACE

02152007 No Chg-P CR2E034 (11/05)

4. FEI Number

20-0442032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOVE, DAVID S
435 AIR PARK ROAD
EDGEWATER, FL 32132

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LOVE, DAVID S
STREET ADDRESS 1408 PALMETTO STREET
CITY-ST-ZIP NEW SMYRNA BEACH, FL 321687613

TITLE D
NAME LOVE, WILLIAM D
STREET ADDRESS PO BOX 936
CITY-ST-ZIP EDGEWATER, FL 321320936

TITLE D
NAME LOVE, SYDNEY S
STREET ADDRESS PO BOX 936
CITY-ST-ZIP EDGEWATER, FL 321320936

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-07

Date

386-4236960

Daytime Phone #