

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142154

Entity Name: CUSTOM TUBE PRODUCTS, INC.

FILED  
Jan 22, 2009  
Secretary of State

## Current Principal Place of Business:

435 AIR PARK ROAD  
EDGEWATER, FL 32132

## New Principal Place of Business:

435 AIR PARK ROAD  
SUITE A2  
EDGEWATER, FL 32132

## Current Mailing Address:

P.O. BOX 936  
EDGEWATER, FL 32132

## New Mailing Address:

FEI Number: 20-0442032      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

LOVE, DAVID S  
435 AIR PARK ROAD  
SUITE A2  
EDGEWATER, FL 32132      US

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: DAVID S LOVE

01/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LOVE, DAVID S  
Address: 1351 SCARLETT TRAIL  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: LOVE, WILLIAM D  
Address: PO BOX 936  
City-St-Zip: EDGEWATER, FL 321320936

Title: D (X) Delete  
Name: LOVE, SYDNEY S  
Address: PO BOX 936  
City-St-Zip: EDGEWATER, FL 321320936

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LOVE, SYDNEY S  
Address: PO BOX 936  
City-St-Zip: EDGEWATER, FL 321320936

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID S LOVE

D

01/22/2009

Electronic Signature of Signing Officer or Director

Date