


FILED
May 21, 2007 8:00 am
Secretary of State

04-30-2007 90456 008 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000049145			
1. Entity Name TUBS-N-STUFF OF FLORIDA, INC.			
Principal Place of Business 22885 STATE ROAD 247 LAKE CITY, FL 32024		Mailing Address 22885 STATE ROAD 247 LAKE CITY, FL 32024	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NOWLEN, JEFFREY 22885 STATE ROAD 247 LAKE CITY, FL 32024		Name 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 <u>Jeffrey Nowlen</u>		SIGNATURE <u>Jeffrey Nowlen</u>	
Signature (Typed or Printed Name of registered agent and title if applicable)		(NOTE: Registered Agent signature required when reinstating)	
DATE <u>4-25-07</u>		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007, Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOWLEN, JEFFREY	NAME	
STREET ADDRESS	22885 STATE ROAD 247	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 32024	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOWLEN, MICHELLE B	NAME	
STREET ADDRESS	22885 STATE ROAD 247	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 32024	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Jeffrey Nowlen</u>		SIGNATURE: <u>Jeffrey Nowlen</u>	
Typed or Printed Name of Signing Officer or Director		Typed or Printed Name of Signing Officer or Director	
DATE <u>4-25-07</u>		DATE <u>4-25-07</u>	
Daytime Phone #		Daytime Phone # <u>386 935-0261</u>	

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04112007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4686120 Applied For Not Applicable

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