


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P06000049145
 1. Entity Name
 TUBS-N-STUFF OF FLORIDA, INC.



Principal Place of Business Mailing Address
 22885 STATE ROAD 247 22885 STATE ROAD 247
 LAKE CITY, FL 32024 LAKE CITY, FL 32024

DO NOT WRITE IN THIS SPACE



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 20-4686120 Not Applicable

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

6. Name and Address of Current Registered Agent
 NOWLEN, JEFFREY
 22885 STATE ROAD 247
 LAKE CITY, FL 32024

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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: Jeffrey A. Nowlen Jeffrey S. Nowlen 2-27-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when renewing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NOWLEN, JEFFREY
STREET ADDRESS	22885 STATE ROAD 247
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	VP
NAME	NOWLEN, MICHELLE B
STREET ADDRESS	22885 STATE ROAD 247
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/18/08-80024-001 150.00

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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: Jeffrey A. Nowlen Jeffrey S. Nowlen 2-27-08 386 935-0261
Signature and typed or printed name of signing officer or director Date Daytime Phone #

pd CK#