

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S80317

Entity Name: TUBBY, INC.

FILED
Jan 28, 2004
Secretary of State

Current Principal Place of Business:

143 SCORPIONS CT
MERRITT ISLAND, FL 32953

New Principal Place of Business:

8930 STATE ROAD 84
178
DAVIE, FL 33324

Current Mailing Address:

9322 ARBORWOOD CIRCLE
DAVIE, FL 33328

New Mailing Address:

FEI Number: 59-3098198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALERMO, MARGARET
9322 ARBORWOOD CIR
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: PALERMO, MARGARET
Address: 9322 ARBORWOOD CIR
City-St-Zip: DAVIE, FL 33328

Title: VP () Delete
Name: PALERMO, ANTHONY
Address: 1430 SCORPIOUS COURT
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: PALERMO, ANTHONY
Address: 6646 SW 59 STREET
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARGARET PALERMO ,,PT

PT

01/28/2004

Electronic Signature of Signing Officer or Director

_____ Date