

2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# G84490

Entity Name: TAMPA TUBE CONTAINERS, INC.

Current Principal Place of Business:

New Principal Place of Business:

% VICTOR J. BOLSA
18116 SPENCER RD
ODESSA, FL 33556 US

Current Mailing Address:

New Mailing Address:

% VICTOR J. BOLSA
18116 SPENCER RD
ODESSA, FL 33556 US

FEI Number: 59-2380822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BOLSA, VICTOR J.
18116 SPENCER RD
ODESSA, FL 33556 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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOLSA, VICTOR
Address: 18116 SPENCER RD
City-St-Zip: ODESSA, FL 33556

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

Title: V () Delete
Name: BOLSA, MARIANO
Address: 18116 SPENCER RD
City-St-Zip: ODESSA, FL 33556

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

Title: S () Delete
Name: BOLSA, MARIA M
Address: 18116 SPENCER RD
City-St-Zip: ODESSA, FL 33556

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

Title: VTD () Delete
Name: BOLSA, VICTOR J.
Address: 18116 SPENCER RD
City-St-Zip: ODESSA, FL 33556

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: VICTOR J. BOLSA

P

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date