

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 368038

1. Entity Name
T. R. TUCKER, JR., INC.



Principal Place of Business
**2000 E EDGEWOOD DR #106A
P O BOX 442
LAKELAND, FL 33803**

Mailing Address
**2000 E EDGEWOOD DR #106A
P O BOX 442
LAKELAND, FL 33803**

DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1305061

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TUCKER, T.R. JR
1435 HOLLINGSWORTH OAKS
LAKELAND FLORIDA, FL 33803**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when re-installing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PDD
NAME	TUCKER, T. R.
STREET ADDRESS	1435 HOLLINGSWORTH OAKS
CITY-ST-ZIP	LAKELAND, FL
TITLE	VD
NAME	TUCKER ANNE
STREET ADDRESS	1435 HOLLINGSWORTH OAKS
CITY-ST-ZIP	LAKELAND, FL
TITLE	D
NAME	MCKEEL, PEGGY
STREET ADDRESS	2421 CAMBRIDGE AVE.
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	D
NAME	DALTON, CATHY
STREET ADDRESS	155 LK MORTON DRIVE #1
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	D
NAME	DUKES, SUSAN
STREET ADDRESS	1439 BUCKWOOD DRIVE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	ST
NAME	GOLDSTEIN, BARBARA
STREET ADDRESS	6710 CRESCENT LAKE DR
CITY-ST-ZIP	LAKELAND, FL 33813

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02/23/05-80021-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05 (863) 665-6846

Date

Daytime Phone #

T.R. Tucker, Jr. President