

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 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**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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

U00000400715
02/02/06-80016-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/06
Date

863-665-6846
Daytime Phone #