


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 457246 1. Entity Name TUCKER EQUIPMENT RENTAL AND SALES, INC.	
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Principal Place of Business 113-11TH ST NEPTUNE BCH, FL 32266 US	Mailing Address 113-11TH ST NEPTUNE BCH, FL 32266 US
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DO NOT WRITE IN THIS SPACE



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1543743	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERSONS, ROBERT JR.
 2215 S. 3RD ST., SUITE 101
 JACKSONVILLE BEACH, FL 32250

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	ST TUCKER, ADELAIDE R 42-11TH STREET ATLANTIC BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDS, KENNETH G 1885 HICKORY LANE ATLANTIC BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUNYON III, NORMAN 6676 RAMOTH DRIVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, JEAN 1885 HICKORY LANE ATLANTIC BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, JOSEPHINE D 1633 PARK TERR E ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/14/05-80055-010 150.00

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:  **4-11-05** **904/246-330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #