

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 282732

FILED
Mar 07, 2007
Secretary of State

Entity Name: WALTER L. TUCKER EQUIPMENT SALES, INC.

Current Principal Place of Business:

303-A ENTERPRISE STREET
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

303-A ENTERPRISE STREET
OCOE, FL 34761

New Mailing Address:

P.O. BOX 550
WINDERMERE, FL 34786

FEI Number: 59-1763123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TUCKER, WALTER L
303 A ENTERPRISE ST
OCOE, FL 34761 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: PD () Delete
Name: TUCKER, WALTER,
Address: 740 W. 2ND AVE.
City-St-Zip: WINDERMERE, FL 34786

Title: VD () Delete
Name: TUCKER, EVELYN,
Address: 740 W. 2ND AVE.
City-St-Zip: WINDERMERE, FL 34786

Title: STD () Delete
Name: HABERKAMP, ELIZABETH, A
Address: 2705 TRYON PLACE
City-St-Zip: WINDERMERE, FL 34786

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VD () Change (X) Addition
Name: HABERKAMP, THOMAS S
Address: 2705 TRYON PLACE
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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: WALTER L. TUCKER

PD

03/07/2007

Electronic Signature of Signing Officer or Director

Date