## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 07, 2006 8:00 am Secretary of State **DOCUMENT #598918** 04-07-2006 90016 017 \*\*\*150.00 DONALD L. TUCKER, P.A. Principal Place of Business Mailing Address 262 ROSEHILL DR NORTH 262 ROSEHILL DRIVE NORTH 4004221n TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052006 Cho-P CR2E034 (11/05) City & State City & State 4. EEI Number Applied For 59-1869011 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TUCKER, DONALD L. Street Address (P.O. Box Number is Not Acceptable) 262 ROSEHILL DR.N. TALLAHASSEE, FL 32303 City Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PT ☐ Addition TITLE ☐ Delete **IIILE** ☐ Change TUCKER, DONALD L NAME NAME THE 262 ROSEHUDRI STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 323/2 CHY-ST-ZIP CITY+ST+7IP ☐ Addition TITLE ☐ Defete TITL F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Detete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ΠLF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete \_\_\_ Addition ШE Change TITLE NAME

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 v

TITLE

NAME

☐ Detete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CATY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TILE

NAME

april 5, 2006

. Change

☐ Addition

**FILED**