


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # F00000001154

1. Entity Name
TUCKER PROPERTIES INC.



Principal Place of Business Mailing Address

1106 WHITE STREET **1106 WHITE STREET**
KEY WEST, FL 33040 US **ATTN: DAWN THORNBURGH**
KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

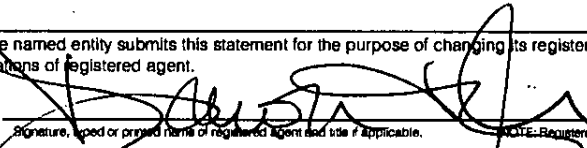
4. FEI Number 98-0218529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THORNBURGH, MS DAWN
1106 WHITE STREET
KEY WEST, FL 33040

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:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable. If Registered Agent, signature required when resigning.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	D LATERNER, ANITA STADTLE 28 9490 VADUZ PRINCIPALITY OF LIECHTESTEIN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IPC MANAGEMENT TRUST REG. STADTLE 28 9490 VADUZ PRINCIPALITY OF LIECHTESTEIN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000699453
 04/19/07-80042-025 150.00

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:  Date: **4.6.07** Daytime Phone #: **305 294 8433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR