


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000001288 1. Entity Name TUCKER PARTNERS, INC.						FILED 05 AUG -2 11 10: 24 SECRETARY OF STATE TREASURY	
Principal Place of Business 4288 LAFAYETTE ST. MARIANNA, FL 32446				Mailing Address 4288 LAFAYETTE ST. MARIANNA, FL 32446			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 36-3567978				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TUCKER, BYRON 4288 LAFAYETTE ST. MARIANNA, FL 32446				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPS TUCKER, BYRON 4288 LAFAYETTE ST. MARIANNA, FL 32446 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>BYRON TUCKER</u> <u>2/18/05</u>				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

TUCKER PARTNERS, INC.

4288 Lafayette St.
Marianna, FL 32448

July 25, 2005

TO: Florida Department of State

FROM: Tucker Partners, Inc.
Document # F04000001288

RE: Notice of Intent to Dissolve

Dear Sir/Madam:

We called last week to find out why we received a Notice of Intent to Dissolve. We were told because the FEIN was missing from the annual report, however, we did not received the letter your department sent sometime in May, as we were told last week.

Please find attached to this note copy of the annual report showing the FEIN missing in report dated 2/18/05, also for your records copy of the cashed check # 5999 back and front for your files.

Please correct our records.

Truly yours,



Byron Tucker
President