

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004745

FILED
Mar 22, 2005
Secretary of State

Entity Name: STUCKER FAMILY HOLDINGS, INC.

Current Principal Place of Business:

506 - 15TH STREET
MOLINE, IL 61265

New Principal Place of Business:

529 PINE MEADOW DRIVE
DEBARY, FL 32713

Current Mailing Address:

P.O. BOX 719
MOLINE, IL 612660719

New Mailing Address:

529 PINE MEADOW DRIVE
DEBARY, FL 32713

FEI Number: 20-1379254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUCKER, ROBERT W
529 PINE MEADOW DRIVE
DEBARY, FL 32713 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: PDST () Delete
Name: STUCKER, ROBERT W
Address: 529 PINE MEADOW DRIVE
City-St-Zip: DEBARY, FL 32713

Title: V () Delete
Name: SLOVER, JOHN A JR.
Address: 506 - 15TH STREET, P.O. BOX 719
City-St-Zip: MOLINE, IL 612660719

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN A SLOVER JR

V

03/22/2005

Electronic Signature of Signing Officer or Director

Date