

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90016 044 \*\*\*150.00

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # F05000001430</b><br>1. Entity Name<br><b>TUCKER CELLARS INCORPORATED</b>   |   |   |  |   |  |
| Principal Place of Business<br><b>70 RAY ROAD<br/>SUNNYSIDE, WA 98944</b>  |   |   | Mailing Address<br><b>70 RAY ROAD<br/>SUNNYSIDE, WA 98944</b>                                |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State   |   |   | City & State   |   |  |
| Zip  |   | Country   |  | Zip   |  |
| Country  |   | Country   |  | 4. FEI Number<br><b>91-2015039</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><b>AVINYA DISTRIBUTORS, INC.<br/>7575 KINGSPONTE PARKWAY SUITE 23<br/>ORLANDO, FL 32819</b>   |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |   |   |  | \$8.75 Additional Fee Required  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)   |   |   |  |   |  |
| Signature, typed or printed name of registered agent and title if applicable   |   |   |  |   |  |
| DATE   |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 6, 2006</b>  |   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>          |   |  |
| <b>\$5.00 May Be Added to Fees</b>   |   |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>TUCKER, ROSE<br>70 RAY ROAD<br>SUNNYSIDE, WA 98944 | <input checked="" type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>Randy Tucker<br>70 Ray Road<br>Sunnyside, Wa. 98944  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: <u>Randy Tucker</u> <u>Randy Tucker</u> <u>Pros.</u> <u>7/5/06</u> <u>509831-8701</u>   |   |   |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   |  |   |  |