



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90005 022 \*\*\*150.00

<b>DOCUMENT # F97000005428</b>					
<b>1. Entity Name</b> <b>M. TUCKER ENTERPRISES INC.</b>					
<b>Principal Place of Business</b> <b>1083 BENNETT RD</b> <b>FORT PIERCE, FL 34947</b>			<b>Mailing Address</b> <b>1083 BENNETT RD</b> <b>FORT PIERCE, FL 34947</b>		
<b>2. Principal Place of Business</b> <b>1083 Bennett RD</b> Suite, Apt. #, etc. <b>N/A</b> City & State <b>Fort Pierce, FL</b> Zip <b>34947</b>		<b>3. Mailing Address</b> <b>1083 Bennett RD</b> Suite, Apt. #, etc. <b>N/A</b> City & State <b>Fort Pierce, FL</b> Zip <b>34946</b>			
<b>4. FEI Number</b> <b>21-5081559</b>				<b>Chg-P</b> <b>CR2E034 (10/03)</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>TUCKER, MORRIS E</b> <b>1083 BENNETT RD</b> <b>FORT PIERCE, FL 34947</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>MORRIS E. TUCKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1083 Bennett Road</b> <b>Fort Pier</b> City <b>Fort Pierce</b> <b>FL</b> <b>34947</b>		
<b>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.</b> SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! - FEE IS \$550.00</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> <b>\$5.00 - May Be Added to Fees</b> <input type="checkbox"/> <b>Trust Fund Contribution.</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>P</b> <b>TUCKER, MORRIS E</b> <b>1083 BENNETT RD</b> <b>FORT PIERCE, FL 34947</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>V</b> <b>TUCKER, MARIAN</b> <b>1083 BENNETT RD</b> <b>FORT PIERCE, FL 34947</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>T</b> <b>TUCKER, MARIAN</b> <b>1083 BENNETT RD</b> <b>FORT PIERCE, FL 34947</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>6-10-04</b> Daytime Phone # <b>772-429-1949</b>		