

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-15-2005 90096 012 ***150.00
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05 JUN 27 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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05202005 Chg-P CR2E034 (10/03)

DOCUMENT # F97000005428

1. Entity Name
M. TUCKER ENTERPRISES INC.



Principal Place of Business
1083 BENNETT RD
FORT PIERCE, FL 34947

Mailing Address
1083 BENNETT RD
FORT PIERCE, FL 34947

Same as above

2. Principal Place of Business
Fort Pierce
Suite, Apt. #, etc.

3. Mailing Address
1083 Bennett Rd
Suite, Apt. #, etc.

City & State
Fort Pierce FL
Zip
34947
Country
ST Lucia

City & State
Fort Pierce FL
Zip
34947
Country
ST Lucia

4. FEI Number
21-5081559

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUCKER, MORRIS E
1083 BENNETT RD
FORT PIERCE, FL 34947

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 *Morris E Tucker* *Morris E Tucker* *6-7-05*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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	P TUCKER, MORRIS E 1083 BENNETT RD FORT PIERCE, FL 34947	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TUCKER, MARIAN 1083 BENNETT RD FORT PIERCE, FL 34947	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TUCKER, MARIAN 1083 BENNETT RD FORT PIERCE, FL 34947	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Morris E Tucker* *Morris E Tucker* *6-7-05* *772-895-0151*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #