



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K79473</b> 1. Entity Name TUCKAWAY LAKE ESTATES, INC.	
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Principal Place of Business % GILBERT A. TUCKER 4125 SOUTH FISKE BLVD. ROCKLEDGE, FL 32955	Mailing Address % GILBERT A. TUCKER 4125 SOUTH FISKE BLVD. ROCKLEDGE, FL 32955
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**DO NOT WRITE IN THIS SPACE**

	
03102004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-2945713	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TUCKER, GILBERT A.  
4125 SOUTH FISKE BLVD.  
ROCKLEDGE, FL 32955

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, GILBERT A. 4125 SOUTH FISKE BLVD ROCKLEDGE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TUCKER, GILBERT A., JR. 4115 S. FISKE BLVD. ROCKLEDGE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUCKER, ROBERT A. 4101 S. FISKE BLVD. ROCKLEDGE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TUCKER, JOHN F. 3885 S. FISKE BLVD. ROCKLEDGE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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03/15/04-80028-006 158.75

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:** John F. Tucker **JOHN F. TUCKER** 3/10/2004 321-421-5539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #