

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90125 032 ***150.00

DOCUMENT # L66261
 1. Entity Name
 TUCKER & MITCHELL, INC.



Principal Place of Business Mailing Address
 ACME PRINTING 1305 OLD DIXIE HWY
 1305 OLD DIXIE HWY SAINT AUGUSTINE, FL 32084 US
 SAINT AUGUSTINE, FL 32084 US

50051569



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

05062005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
 59-3010700 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCLURE, GEORGE M.
 81 KING ST. #A
 ST. AUGUSTINE, FL 32084

Name WILLIAM R. MITCHELL
 Street Address (P.O. Box Number is Not Acceptable)
1305 OLD DIXIE HWY
 City ST. AUGUSTINE, FL Zip Code 32086

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 [Signature] DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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 D Delete
 NAME TUCKER, LEONARD R., JR.
 STREET ADDRESS 147 SAN MARCO AVE.
 CITY-ST-ZIP ST. AUGUSTINE, FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P Delete
 NAME MITCHELL, WILLIAM R.
 STREET ADDRESS 1305 OLD DIXIE HWY
 CITY-ST-ZIP ST. AUGUSTINE, FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: [Signature] DATE 5/6/05 DAYTIME PHONE # 9048249235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR