2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006263

Entity Name: TUGGER FOUNDATION, INC.

FILED Mar 01, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	BERRY AVENUE CTION, FL 3474				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
742 MULBERRY AVENUE CELEBRATION, FL 34747 US		P.O. BOX 470581 CELEBRATION, FL 3	P.O. BOX 470581 CELEBRATION, FL 34747 US		
FEI Number	: 20-1346224	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
	, DAVID S BERRY AVENUE TION, FL 3474				
The above in the State	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			jent	Date	
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PT () GILMORE, DAVI 742 MULBERRY CELEBRATION,	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VS () WATTERSON, L 742 MULBERRY CELEBRATION,	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GILMORE, DAVI 742 MULBERRY CELEBRATION,	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () WATTERSON, L 742 MULBERRY CELEBRATION,	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () VARAB, JEFFRE 635 MULBERRY CELEBRATION,	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) SMITH, JEFFRE 742 MULBERRY CELEBRATION,	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID GILMORE PT 03/01/2005