2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State
05-06-2005 90084 044 ***150.00

DOCUMENT # P02000120103

1. Entity Name
TUCKER & ASSOCIATES MORTGAGE, INC.

66021849

04212005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
835-A ANASTASIA BOULEVARD ST. AUGUSTINE, FL 32080	835-A ANASTASIA BOULEVARD ST. AUGUSTINE, FL 32080
2. Principal Place of Business: 4213 US 1 South	3. Mailing Address: 4213 US 1 South
Suite, Apt. #, etc.: —	Suite, Apt. #, etc.
City & State: Saint Augustine FL	City & State: Saint Augustine FL
Zip: 32086 Country: USA	Zip: 32086 Country: USA

4. FEI Number 22-3881735 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
TUCKER, WILLIAM
835-A ANASTASIA BOULEVARD
ST. AUGUSTINE, FL 32080

7. Name and Address of New Registered Agent
Name: Tucker, William
Street Address (P.O. Box Number is Not Acceptable): 4213 US 1 South
City: Saint 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: 4/29/05
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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIGNON, TAMARA M 835-A ANATASIA BLVD SAINT AUGUSTINE, FL 32080 ☐ Delete address change	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Mignon, Tamara M 4213 US 1 South Saint Augustine, FL 32096 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tucker William 4213 US 1 South St. Augustine, FL 32086 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4/29/05 904-826-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #