


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90047 048 \*\*\*150.00

DOCUMENT # P03000056804

1. Entity Name  
 BRENDA L. TUCKER, P.A.



Principal Place of Business Mailing Address  
 325 19TH AVE 325 19TH AVE  
 VERO BEACH, FL 32962 VERO BEACH, FL 32962

2. Principal Place of Business 3. Mailing Address  
 680 Fox Run SW 680 Fox Run SW  
 Suite, Apt. #, etc. Suite, Apt. #, etc.



01072005 Chg-P CR2E034 (10/03)

City & State City & State  
 VERO Beach, FL Vero Bch, FL

4. FEI Number Applied For  
 71-0948341 Not Applicable

Zip Country Zip Country  
 32962 US 32962 US

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

6. Name and Address of Current Registered Agent  
 TUCKER, BRENDA L  
 325 19TH AVE  
 VERO BEACH, FL 32962

7. Name and Address of New Registered Agent  
 Name Tucker, Brenda L.  
 Street Address (P.O. Box Number is Not Acceptable) 680 Fox Run SW  
 City VERO Beach, FL Zip Code 32962

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

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, BRENDA L	
STREET ADDRESS	325 19TH AVE	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	680 Fox Run SW.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Brenda L Tucker - D 1/8/04 772-559-4310  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #