## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000109664

Entity Name: TUCKER BROTHER'S PAINTING, INC.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3813 LONG GROVE LANE 29 FARRAGUT DRIVE

PORT ORANGE, FL 32129 PALM COAST, FL 32137 US

Current Mailing Address: New Mailing Address:

3813 LONG GROVE LANE 29 FARRAGUT DRIVE

PORT ORANGE, FL 32129 PALM COAST, FL 32137 US

FEI Number: 06-1730395 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TUCKER, TIMOTHY M
3813 LONG GROVE LANE

TUCKER, TIMOTHY M
29 FARRAGUT DRIVE

PORT ORANGE, FL 32129 US PALM COAST, FL 32137 US

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.

SIGNATURE: 04/27/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 TUCKER, TIMOTHY M
 Name:
 TUCKER, TIMOTHY M

 Address:
 3813 LONG GROVE LANE
 Address:
 29 FARRGUT DRIVE

 Other Charles
 Address:
 29 FARRGUT DRIVE

City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: PALM COAST, FL 32137

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: TUCKER, THOMAS M TUCKER, THOMAS M

Address: 3813 LONG GROVE LANE Address: 29 FARRAGUT DRIVE City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: PALM COAST, FL 32137

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY M TUCKER PD 04/27/2005