## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 30, 2007 08:00 Al Secretary of State DOCUMENT # P04000141433 1. Entity Name TUCKER BUILDERS INC. Principal Place of Business Mailing Address 8106 COUNTY LINE RD LAUREL HILL FL 32567 8106 COUNTY LINE RD LAUREL HILL FL 32567 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt # etc. Suite, Apt..#, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** Zıp Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE m: FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE □ Change Addition TUCKER, ROGER GLENN NAME 8106 COUNTY LINE ROAD STREET ADDRESS STREET ADDRESS U00000745405 LAUDERHILL FL 32567 CITY-SI-ZIP CITY-ST-ZIP 150.00☐ Change BULE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TILLE Delete \_ DILE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP IIIŒ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP IIIIE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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.

**FILED** 

SIGNATURE: Roya & Tucken Roya & Tucker 25th Apr 07 850 428-9126

SANATURE AND TYPED OF PRINTED NAME OF SIGNAL OF FICE OF DIRECTOR Date Destrice Phone #