2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000037350

1. Entity Name

TUCKER'S CABINET WORX INCORPORATED



FILED Mar 19, 2007 08:00 AM Secretary of State

Principal Place of Business

5046 ALMANZA AVENUE SARASOTA, FL 34235 Mailing Address

5046 ALMANZA AVENUE SARASOTA, FL 34235



DO NOT WRITE IN THIS SPACE

03132007		No Chg-P	CR2E034 (11/05)		
4.	FEI Number			Applied For	
	20-2477706		Г	Not Applicable	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHELLE K. OTTO P.A. 2010 PINE TERRACE SARASOTA, FL. 34231

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or re	egistered agent, or both	, in the State of Florida. I am familiar with, and accept			
SIGNATURE.	Signature, typed or printed name of registered agent and title it	i applicable. (NOTE: Registered A	Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUCKER, NATHAN 5046 ALMANZA AVENUE SARASOTA, FL 34235							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES TUCKER, STACEY 5046 ALMANZA AVENUE SARASOTA, FL 34235				U00000672894			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0.10.00.114.12.0120			DO	03/29/07-80007-012 158.75 NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZiP								
TITLE NAME								

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:

CITY-ST-ZIP

<u>3-17-06</u>

991-355-7277