



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000077335 1. Entity Name TEELUCK MARKETING, INC.	
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Principal Place of Business 9921 ST. MORITZ DRIVE MIROMAR LAKES, FL 33913	Mailing Address 9921 ST. MORITZ DRIVE MIROMAR LAKES, FL 33913
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DO NOT WRITE IN THIS SPACE



02252008 No Chg-P CR2E034 (11/05)

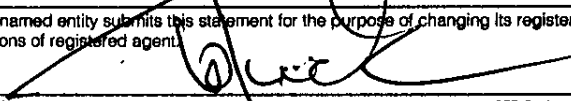
4. FEI Number 20-2902697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LUCK, TERRANCE A
9921 ST. MORITZ DRIVE
MIROMAR LAKES, FL 33913**

**DO NOT WRITE
IN THIS SPACE**

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  (NOTE: Registered Agent signature required when reinstating)

DATE **Feb 28/08**

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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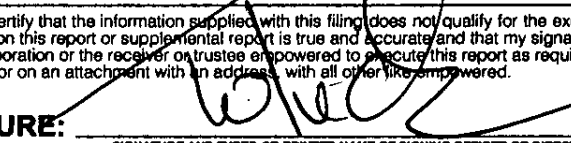
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. LUCK, TERRANCE A 9921 ST. MORITZ DRIVE MIROMAR LAKES, FL 33913
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC. GOUBEAUD, CHARLES H 9921 ST. MORITZ DRIVE MIROMAR LAKES, FL 33913
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA GOUBEAUD, CHARLES H 9921 ST. MORITZ DRIVE MIROMAR LAKES, FL 33913
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/11/08-80027-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  (NOTE: Registered Agent signature required when reinstating)

DATE **Feb 28/08** 234
Daytime Phone # **238-5470**