

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000154690

1. Entity Name  
TUCKER & LUDIN, P.A.



Principal Place of Business  
13577 FEATHER SOUND DRIVE  
SUITE 300  
CLEARWATER, FL 33762

Mailing Address  
13577 FEATHER SOUND DRIVE  
SUITE 300  
CLEARWATER, FL 33762



**DO NOT WRITE IN THIS SPACE**

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-3744291

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LUDIN, ERIC  
10696 BARDES CT  
LARGO, FL 33777

**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 \_\_\_\_\_

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000586182  
01/16/07-80043-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME TUCKER, JOHN V  
STREET ADDRESS 13577 FEATHER SOUND DRIVE; STE. #300  
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE D  
NAME LUDIN, ERIC E  
STREET ADDRESS 13577 FEATHER SOUND DRIVE; STE. #300  
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: \_\_\_\_\_

ERIC E LUDIN

Date

Daytime Phone #

1/11/07 727 5725000