


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000153290 1. Entity Name JOHN O. TUCKER, D.C., P.A.	
---------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 202 ALLAMANDA DR LAKELAND, FL 33803	Mailing Address 202 ALLAMANDA DR LAKELAND, FL 33803
-------------------------------------------------------------------------------	-------------------------------------------------------------------



03282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8002053	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	-------------------------------------------

6. Name and Address of Current Registered Agent DANIEL MEDINA, P.A. 902 S FLORIDA AVE STE 101 LAKELAND, FL 33803

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	000000904181 05/01/08-80002-017 150.00
-------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, JOHN O 202 ALLAMANDA DR LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: <i>John O. Tucker</i> John O. Tucker 4/12/08 (863) 682-4182	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>
----------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------