

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000024750

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: NOLEN - TUCKER DEVELOPMENT, INC.

## Current Principal Place of Business:

290 CYPRESS GARDEN BLVD  
WINTER HAVEN, FL 33880

## New Principal Place of Business:

290 CYPRESS GARDEN BLVD  
WINTER HAVEN, FL 33880 US

## Current Mailing Address:

290 CYPRESS GARDEN BLVD  
WINTER HAVEN, FL 33880

## New Mailing Address:

290 CYPRESS GARDEN BLVD  
WINTER HAVEN, FL 33880 US

FEI Number: 59-3185513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TUCKER, LARRY  
290 CYPRESS GARDENS BLVD.  
WINTER HAVEN, FL 33880 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NOLEN, MIKE  
Address: 290 CYPRESS GARDEN BLVD  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete  
Name: TUCKER, LARRY  
Address: 290 CYPRESS GARDEN BLVD  
City-St-Zip: WINTER HAVEN, FL 33880

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: NOLEN, MIKE  
Address: 290 CYPRESS GARDEN BLVD  
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: D (X) Change ( ) Addition  
Name: TUCKER, LARRY  
Address: 290 CYPRESS GARDEN BLVD  
City-St-Zip: WINTER HAVEN, FL 33880 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. M. NOLEN

D

03/12/2009

Electronic Signature of Signing Officer or Director

Date