## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P93000027792

1. Entity Name

TUCKER ENTERPRISES, INC.



**FILED** Apr 11, 2005 08:00 AM Secretary of State

Principal Place of Business 3085 VAN BUREN AVE NAPLES, FL 34114 US Mailing Address

1320 HERNANDO STREET NAPLES, FL 34103 US



DO NOT WRITE IN THIS SPACE

04032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0399806

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUCKER, LYNN M 1320 HERNANDO STREET NAPLES, FL 34103

## DO NOT WRITE IN THIS SPACE

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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 it applicable. (NOTE Registered Agent signature required when reinstating)  OATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Financia     Trust Fund Contribution	ng 🗆	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	PD TUCKER, THOMAS B 1320 HERNANDO STREET NAPLES, FL				U00000298552 04/11/05-80071-823 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDST TUCKER, LYNN M 1320 HERNANDO STREET NAPLES, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ÎN <sup>-</sup>	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS ONY, ST. 718					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

4/2/05

339-263-2013

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR