2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004
Secretary of State

DOCUMENT# P93000085387

Entity Name: TUCKER MANAGEMENT CORPORATION

Current Principal Place of Business:

8321 ALLWOOD CT
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

8321 ALLWOOD CT
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-3214862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TUCKER, ROBERT
8321 ALLWOOD CT.
JACKSONVILLE, FL 32256 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: PD ( ) Delete
Name: ROBERT TUCKER,
Address: 8321 ALLWOOD CT
City-St-Zip: JACKSONVILLE, FL

Title: VPSD ( ) Delete
Name: MARGARET TUCKER,
Address: 8321 ALLWOOD CT
City-St-Zip: JACSONVILLE, FL

Title: VP ( ) Delete
Name: MIRANDA, BARBARA
Address: 8321 ALLWOOD CT
City-St-Zip: JACKSONVILLE, FL

Title: VP ( ) Delete
Name: ARSENAULT, DIANE
Address: 8682 ROYALWOOD DR
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT TUCKER PD 03/09/2004

Electronic Signature of Signing Officer or Director Date