

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 29, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P94000044814**

1. Entity Name  
**MR. TUCKER INC.**



Principal Place of Business  
**13950 NW 20 COURT  
OPA - LOCKA, FL 33054-4118**

Mailing Address  
**13950 NW 20 COURT  
OPA - LOCKA, FL 33054-4118**



05242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1941380</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**VAN HORN, TUCKER C  
13950 NW 20 COURT  
OPA LOCKA, FL 33054-4118**

**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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>VAN HORN, TUCKER C</b>
STREET ADDRESS	<b>13950 NW 20 COURT</b>
CITY - ST - ZIP	<b>OPA - LOCKA, FL 330544118</b>

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**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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:** *T. W. Horn Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/24/2007* *505.087 5111*  
Date Daytime Phone #