

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90112 008 \*\*\*158.75

**DOCUMENT # P96000014903**

1. Entity Name  
 T.E.C. TUCKER ENVIRONMENTAL CONTRACTORS, INC.



Principal Place of Business      Mailing Address

3601 N. DIXIE HWY      7040 W PALMETTO PARK ROAD  
 #11      STE #279  
 BOCA RATON, FL 33432 US      BOCA RATON, FL 33433 US

30026143



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01192005      Chg-P      CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For

65-0642790      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       \$8.75 Additional Fee Required

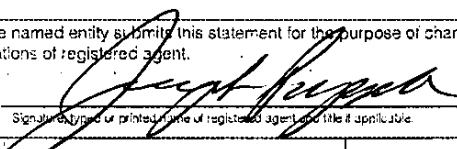
6. Name and Address of Current Registered Agent

ANDREWS, LYDIA  
 3601 N DIXIE HWY  
 #11  
 BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name  
 Street Address (If Not Applicable)  
 2522 NORFOLK STATE RD 7  
 MARGATE, FL 33003  
 City      FL      Zip Code

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:       DATE: 2/24/05

Signature (Typed or printed name of registered agent and title if applicable)      (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00. After May 1, 2005 Fee will be \$550.00**

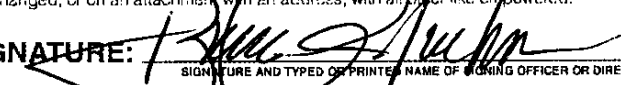
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, BRUCE	
STREET ADDRESS	7040 WEST PALMETTO PARK ROAD #279	
CITY - ST - ZIP	BOCA RATON, FL 33433	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS, LYDIA	
STREET ADDRESS	7040 WEST PALMETTO PARK ROAD #279	
CITY - ST - ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:       Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR