2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED - Jan 18, 2005 08:00 AM DOCUMENT # P96000024488 **Secretary of State** 1. Entity Name TUCK PROPERTIES, INC. Principal Place of Business Mailing Address 2210 SE 15TH STREET 2210 SE 15TH STREET OCALA, FL 34471 OCALA, FL 34471 01142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3368753 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent TUCK, WILLIAM H SR DO NOT WRITE 2210 SE 15TH STREET OCALA, FL 34471 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME TUCK, WILLIAM H SR STREET ADDRESS 2210 SE 15TH STREET CITY-ST-ZIP OCALA, FL 34471 TITLE NAME TUCK, GAIL B STREET ADDRESS **2210 SE 15TH STREET** #00000182579 01/19/05-80033-008 150.00 CITY-ST-ZIP OCALA, FL 34471 THE TUCK, WILLIAM H NAME 2334 S E 14TH ST STREET ADDRESS DO NOT WRITE CITY-ST-ZIP OCALA, FL 34471 TITLE IN THIS SPACE PRICE, VIVIAN T STREET ADDRESS 711 SE 24TH TERRACE CITY-ST-ZIP OCALA, FL 34471 D TUCK, DAVID A NAME STREET ADDRESS 555 SE 15TH TERRACE CITY-ST-ZIP OCALA, FL 34471

12. I hereby certify that the information supplied with this filling 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 receiper 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP