## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 23, 2004 08:00 AM DOCUMENT # P96000041066 Secretary of State TUCKER OFFICE SUITES, INC. Principal Place of Business Mailing Address 3535 HWY 17 N 3535 HWY 17 N WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 No Chg-P 02262004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3385330 Not Applicable \$8-75 Additional Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent TUCKER, LARRY D SR DO NOT WRITE 3535 US HWY 17 NORTH WINTER HAVEN, FL 33882 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\_\_\_\_\_\_Signature, typed or priviled 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, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME TUCKER, LARRY D U00000127717 04/26/04-80009-011 150.00 STREET ADDRESS 3535 HWY 17 N CITY-ST-78P WINTER HAVEN, FL 33880 TITLE NAME TUCKER, LARRY D JR STREET ADDRESS 3535 HWY 17 N CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TEDE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1/19.07(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 employered 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 appowered.

SIGNATURE: \_

NAME STREET ADDRESS CITY-ST-78P

SIGNATURE AND TYPED OF PRINTES HAME OF SIGNING OFFICER OR DIRECTOR

4 (863) 2

FILED