

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000072047

FILED  
May 01, 2012  
Secretary of State

Entity Name: TUCKER POOLS, INC

**Current Principal Place of Business:**

5494 S.E. CELESTIAL CIR.  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

5494 S.E. CELESTIAL CIR.  
STUART, FL 34997 US

**New Mailing Address:**

FEI Number: 65-0689528      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: TUCKER, CHARLES A  
Address: 5494 SE CELESTIAL CIR  
City-St-Zip: STUART, FL 34997

Title: VD  
Name: TUCKER, MELISSA G  
Address: 5494 SE CELESTIAL CIR  
City-St-Zip: STUART, FL 34997

Title: S  
Name: DAVIS, MARY R  
Address: 5494 SE CELESTIAL CIR  
City-St-Zip: STUART, FL 34997

I hereby 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 all other like empowered.

SIGNATURE: MELISSA G. TUCKER

VP

05/01/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date