2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000016211

1. Entity Name

TUCKER HUNT CLUB, INC.



Mailing Address

3535 U.S. HIGHWAY 17 NORTH WINTER HAVEN, FL 33881

Principal Place of Business

3535 U.S HIGHWAY 17 NORTH WINTER HAVEN, FL. 33881

FILED Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90210 001 ***150.00



04182006

No Chg-P

CR2E034 (11/05)

4. FEI Number 56-3551902 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

TUCKER, SR, LARRY D 5555 US HWY 17 N WINTER HAVEN, FL 33882

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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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 printed name of registered agent and the	l'applicable. (NOTE Regist	tered Agent eignat	ure required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
ITTLE Name Street Adoress City-St-Zip	PD TUCKER, LARRY D 3535 US HIGHWAY 17 NORTH WINTER HAVEN, FL 33881				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD TUCKER, LARRY D JR 3535 US HIGHWAY 17 NORTH WINTER HAVEN, FL 33881				
TITLE NAME STREET ADDRESS CITY-ST-ZEP				DO	NOT WRITE
TITLE NAME Street address City-St-Zep				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZEP					
12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, 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 tristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with attorner like/empowered.					