

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003542

FILED
Feb 17, 2005
Secretary of State

Entity Name: ELBERT TUCKER INSURANCE, INC.

Current Principal Place of Business:

1044 CR 305
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

PO DRAWER 1639
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 59-3552295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TUCKER, ELBERT
1044 CR 305
BUNNELL, FL 32110 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TUCKER, ELBERT F
Address: 926 COUNTY RD 90 E
City-St-Zip: BUNNELL, FL 32110 US

Title: VST () Delete
Name: TUCKER, PAMELA M
Address: 926 COUNTY ROAD 90 E
City-St-Zip: BUNNELL, FL 32110 US

Title: D (X) Delete
Name: TUCKER, JOEL E
Address: 288 W 700 N APT A
City-St-Zip: SALT LAKE CITY, UT 84103 US

Title: D (X) Delete
Name: TUCKER, CALEB F
Address: 926 COUNTRY RD 90 E
City-St-Zip: BUNNELL, FL 32110

Title: D (X) Delete
Name: TUCKER, JONATHAN D
Address: 926 COUNTY RD 90 E
City-St-Zip: BUNNELL, FL 32110

Title: D (X) Delete
Name: TUCKER, ELEESHA R
Address: 926 COUNTY RD 90 E
City-St-Zip: BUNNELL, FL 32110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ELBERT F. TUCKER

P

02/17/2005

Electronic Signature of Signing Officer or Director

_____ Date