

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003542

FILED  
Apr 14, 2006  
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:

1044 COUNTY ROAD 305  
BUNNELL, FL 32110 US

## Current Mailing Address:

PO DRAWER 1639  
BUNNELL, FL 32110

## New Mailing Address:

PO DRAWER 1639  
BUNNELL, FL 32110 US

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:

TUCKER, ELBERT F  
926 COUNTY ROAD 90 EAST  
BUNNELL, FL 32110 US

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: ELBERT F. TUCKER

04/14/2006

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TUCKER, ELBERT F  
Address: 926 COUNTY RD 90 EAST  
City-St-Zip: BUNNELL, FL 32110 US

Title: VST (X) Change ( ) Addition  
Name: TUCKER, PAMELA M  
Address: 926 COUNTY ROAD 90 EAST  
City-St-Zip: BUNNELL, FL 32110 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PAMELA M. TUCKER

VP

04/14/2006

Electronic Signature of Signing Officer or Director

Date