

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003542

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** ELBERT TUCKER INSURANCE, INC.

**Current Principal Place of Business:**

1044 COUNTY ROAD 305  
BUNNELL, FL 32110 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO DRAWER 1639  
BUNNELL, FL 32110 US

**New Mailing Address:**

**FEI Number:** 59-3552295

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TUCKER, ELBERT F  
926 COUNTY ROAD 90 EAST  
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  
**Name:** TUCKER, ELBERT F  
**Address:** 926 COUNTY RD 90 EAST  
**City-St-Zip:** BUNNELL, FL 32110 US

**Title:** VST  
**Name:** TUCKER, PAMELA M  
**Address:** 926 COUNTY ROAD 90 EAST  
**City-St-Zip:** BUNNELL, FL 32110 US

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: PAMELA M TUCKER

VP

04/26/2010

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

\_\_\_\_\_ Date