2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2004 08:00 AM Secretary of State **DOCUMENT # V22438** 1. Entity Name TUCKER PROPERTY LEASING, INC. Principal Place of Business Mailing Address 3535 U.S. HIGHWAY 17 NORTH 3535 U.S. HIGHWAY 17 NORTH WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33881 No Chg-P CR2E034 (10/03) 02282004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3112905 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE TUCKER, LARRY D. 3535 U.S. HWY 17, N. WINTER HAVEN, FL 33881 IN THIS SPACE 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. Signeture, typed or printed name of redistated agent and this if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. 3378F TUCKER, LARRY D. NAME U00000127711 .04/26/04-80009-005 1**50.00** STREET ADDRESS 3535 US HWY 17 N CITY-ST-ZIP WINTER HAVEN, FL 33831 TITLE TUCKER, TERRY NAME 3122 GARDEN OAKS DR STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33810 ប្រភ ៩ NAME TUCKER, LARRY D., JR. STREET ADDRESS 3535 US HWY 17 N DO NOT WRITE CITY-ST-ZIP WINTER HAVEN, FL 33881 IN THIS SPACE TITLE NAME RICE, JOHN WEBSTER STREET ADORESS 306 N BUCK PARK CITY-ST-ZIP WINTER HAVEN, FL 33884 TITLE MAME STREET ADDRESS CTTY-ST-ZF

12. I hereby certify that the Information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

TOTLE
NAME
STREET ADDRESS
GITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OF DIRECTOR

(88) 249.4414

FILED