

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90211 050 ***150.00

DOCUMENT # V22438

1. Entity Name

TUCKER PROPERTY LEASING, INC.



Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3112905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TUCKER, LARRY D.
3535 U.S. HWY 17, N.
WINTER HAVEN, FL 33881

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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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TUCKER, LARRY D.
STREET ADDRESS 3535 US HWY 17 N
CITY-ST-ZIP WINTER HAVEN, FL 33831

TITLE D
NAME TUCKER, LARRY D., JR.
STREET ADDRESS 3535 US HWY 17 N
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE D
NAME RICE, JOHN WEBSTER
STREET ADDRESS 306 N BUCK PARK
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry D. Tucker

Date

Daytime Phone #