## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P04000073865**

TUSCANY BUILDING CONSULTANTS, INC.



**FILED** Jan 11, 2008 08:00 Al Secretary of State

Principal Place of Business

5523 22ND PLACE S.W. APT, B

NAPLES, FL 34116

Mailing Address

5523 22ND PLACE S.W.

APT. B

NAPLES, FL 34116



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01072008

4. FEI Number 20-1199872

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, TOBY 5523 22ND PLACE - SW #B NAPLES EL 34116

## DO NOT WRITE

10.11.22.3,112.04110		IN I HIS	SSPACE	
8. The above named entity submits this statement for the p the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title.		ed office or registered agent, or both, in the	State of Florida. I am familiar with, and	accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	scing \$5.00 May Be Added to Fees		
10.         OFFICERS AND DIRECT           TÎÎLE.         PD           NAME         GREEN, TOBY           STREET ADDRESS         5523 22ND PLACE, S.W.           CITY-ST-ZIP         NAPLES, FL 34116	TORS	, co. t. l 	J00000779184  1/08-80028-007 150.0	IO
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Mon.	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		1	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST- ZIP		IN THI	S SPACE	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				
TITLÉ NAME STREET ADDRESS		and the second of the second o	Contract Con	

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 supplier ental point 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 turstee 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 BAINTED NAME OF SIGNING OFFICER OR DIRECTOR