2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

12. I hereby certify that the information supplied indicated on this report or supplemental reof the corporation or the receiver or tru changed, or on an attachment with an

SIGNATURE:

Mar 03, 2004 8:00 am Secretary of State **DOCUMENT # P9600007373** 03-03-2004 90001 034 ***150.00 TUSCANY VILLAGE, INC. 24014167 Principal Place of Business Mailing Address 235 OCALA ROAD SOUTH P.O. BOX 2535 TALLAHASSEE, FL 32304 TALLAHASSEE, FL 32316-2535 - 1980 (1981) (1991) (1993) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) 2. Principal Place of Business 3. Malling Address Suite, Apt. #. etc. Suite, Apt. #. etc. 02242004 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-3357585 Not Applicable Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEONI, STEVEN M (P.O. Box Number is Not -235 OCALA ROAD SOUTH-TALLAHASSEE, FL 32304 8. The above named entity submits this statement for th 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. 2/26/04 (NOTE: Registered Agent signature required when talestating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 D Delete TITLE Change Addition TITLE LEONI, STEVEN M NAME NAME Po Box 2535 TALL, FL 32316-2535 -235 OCALA ROAD SOUTH STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32304" CITY-ST-7IP CUTY-ST-7IP ST ☐ Delete TITLE ☐ Change ☐ Addition TITLE LEONI, RENE N NAME NAME STREET ADDRESS 592 VIA VERONA STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change □ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP eg with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information efforts true and accurate and that my signature shall have the same legal effect as if made under ceth; that I am an officer or director

wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered.

FILED