04/25/2007 16:53 FAX 904 269 0385 KSB Accounting Inc

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90859 035 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000014116

1. Entity Name
TUSCANY HOMES OF NORTH FLORIDA, INC.

400941140

Principal Place of Business	Mailing Address
462 KINGSLEY AVE SUITE 102 ORANGE PARK, FL 32073	462 KINGSLEY AVE SUITE 102 ORANGE PARK, FL 32073

04252007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
590 Wells Road	590 Wells Road
Suite, Apt #, etc.: Suite 2	Suite, Apt #, etc.: Suite 2
City & State: Orange Park, FL	City & State: Orange Park, FL
Zip: 32073 Country: USA	Zip: 32073 Country: USA

4. FEI Number: 59-3700687 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOUHOURTIS, CHRISTOPHER
462 KINGSLEY AVE
SUITE 102
ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 590 Wells Road
Suite 2
City: Orange Park FL Zip Code: 32073

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] 4/26/07
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOUHOURTIS, CHRISTOPHER 462 KINGSLEY AVE, SUITE 102 ORANGE PARK, FL 32073 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 590 Wells Road, Suite 2 Orange Park, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 4/26/07 (904) 278-4602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Christopher Mouhourtis