


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90032 028 ***150.00

DOCUMENT # P01000098651 1. Entity Name TOSCANO, INC.					
Principal Place of Business 1122 N MAIN ST STE B KISSIMMEE, FL 34741			Mailing Address 1122 N MAIN ST STE B KISSIMMEE, FL 34741		
2. Principal Place of Business 600 N. Thacker Ave Suite, Apt. #, etc. Suite A1 City & State Kissimmee Zip 34741		3. Mailing Address Same as Suite, Apt. #, etc. Same as City & State Kissimmee Zip 34741		94017223 02062004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3749409		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PARSONS, WALTER 1122 N MAIN ST STE B KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name Joseph Genoese Street Address (P.O. Box Number is Not Acceptable) 600 N. Thacker Ave. Suite A1 City Kissimmee FL Zip Code 34741		
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 <u><i>Walter Parsons</i></u> 2/13/04 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DT PARSONS, WALTER 1122 N MAIN ST STE B KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GENOESE, JOSEPH 214 TARANTO WAY KISSIMMEE, FL 34758	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GENOESE, JOHN 1122 N MAIN ST STE B KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CRAWFORD, CAROL A 1122 N MAIN ST STE B KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Walter Parsons</i></u> 2/13/04 407-343-0369 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					