

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90053 001 ***511.25

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DOCUMENT # P02000077308 1. Entity Name TUSCANA DEVELOPMENT, INC.			
Principal Place of Business 6222 TOWER LANE, B-3 SARASOTA, FL 34240		Mailing Address 6222 TOWER LANE, B-3 SARASOTA, FL 34240	
2. Principal Place of Business - No P.O. Box # 1703 Bayshore Rd		3. Mailing Address 1703 Bayshore Rd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Nokomis FL		City & State Nokomis FL	
Zip 34275		Zip 34275	
Country USA		Country USA	
4. FEI Number 06-1641398		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 PETZOLDT, C. TODD 6222 TOWER LANE B-3 SARASOTA, FL 34240		7. Name and Address of New Registered Agent Name Todd Petzoldt Street Address (P.O. Box Number is Not Acceptable) 1703 Bayshore Rd City Nokomis FL Zip Code 34275	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 3-26-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PS PETZOLDT, TODD 6222 TOWER LANE, B-3 SARASOTA, FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-26-08 <small>Daytime Phone #</small>	