

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 21, 2005 8:00 am
Secretary of State

04-25-2005 90217 018 ***150.00

DOCUMENT # P04000029972

1. Entity Name

TUSCANY COMMERCIAL, INC.



Principal Place of Business

2285 W. EAU GALLIE BLVD.
MELBOURNE FL 32935

Mailing Address

2285 W. EAU GALLIE BLVD.
MELBOURNE FL 32935

0006JJVV



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

1300 Bedford Dr
101

3. Mailing Address

PO Box 410457
Suite, Apt. #, etc.

City & State

Melbourne, FL
Zip 32940 Country

City & State

Melbourne, FL
Zip 32941 Country

4. FEI Number

75-3151508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, SCOTT
2285 W. EAU GALLIE BLVD.
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name Gary Foleno

Street Address (P.O. Box Number is Not Acceptable)

1300 Bedford Dr.

101

City

Melbourne

FL

Zip Code

32940

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/8/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME FOLENO, GARY
STREET ADDRESS 1300 BEDFORD DR.
CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/05

321-242-3148

Date

Daytime Phone #