2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 12, 2005 8:00 am Secretary of State **DOCUMENT # P04000059779** 04-15-2005 90104 039 ***150.00 TUSCANY MAINTENANCE, INC. Principal Place of Business Mailing Address 3147 JUPITER PARK CIR 3147 JUPITER PARK CIR JUPITER FL 33458 JUPITER FL 33458 ripcipal Place of Business 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For 20 - 10Not Applicable Zip Zìρ \$8.75 Additional 5. Certificate of Status Desired Fee Required d Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDERSON, TIMOTHY K 480 MAPLEWOOD DR Street Address (P.O. Box Number is Not Acceptable) SUITE 5 JUPITER FL 33458 City Zip Code 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE ☐ Delete Change Addition ZECCA, CHRIS E MARKE NAME 3147 JUPITER PARK CIR SUITE 2 STREET ADDRESS STREET ADDRESS CITY - ST - 71P JUPITER FL 33458 CITY-ST-ZP TITI F ☐ Delete TITLE ☐ Change ☐ Addition TUFO, JAMES J NAME NAME 3147 JUPITER PARK CIR SUITE 2 STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NUME HAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 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 comporation 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.

FILED