

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90034 049 \*\*\*150.00

**DOCUMENT # P04000059779**

1. Entity Name  
TUSCANY MAINTENANCE, INC.



Principal Place of Business  
1928 COMMERCE LN #3  
JUPITER, FL 33458

Mailing Address  
1928 COMMERCE LN #3  
JUPITER, FL 33458

40064826



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
20-1251765

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, TIMOTHY K  
480 MAPLEWOOD DR  
SUITE 5  
JUPITER, FL 33458

Name

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

City

FL

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 familiar with, and accept the obligations of registered agent.

SIGNATURE

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, 2008 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 D ☐ Delete  
NAME ZECCA, CHRIS E  
STREET ADDRESS 3147 JUPITER PARK CIR SUITE 2  
CITY-ST-ZIP JUPITER, FL 33458

TITLE ☒ Change ☐ Addition  
NAME 1928 Commerce Ln, #3  
STREET ADDRESS Jupiter, FL 33458  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME TUFO, JAMES J  
STREET ADDRESS 3147 JUPITER PARK CIR SUITE 2  
CITY-ST-ZIP JUPITER, FL 33458

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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:

*Chris Zecca*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/08  
Date

561-744-8343  
Daytime Phone #