## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P04000073865

1. Entity Name
TUSCANY BUILDING CONSULTANTS, INC.



Principal Place of Business

Mailing Address

5523 22ND PLACE S.W.

5523 22ND PLACE S.W. APT. B

APT. B NAPLES, FL 34116

NAPLES, FL 34116



**FILED** 

Apr 02, 2007 08:00 AM Secretary of State

| $\Box$ | NOT | WRITE | IN THIS | SPACE |
|--------|-----|-------|---------|-------|

|--|

Applied For 4. FEI Number 20-1199872 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

01042007

Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

GREEN, TOBY 5523 22ND PLACE - SW #B NAPLES, FL 34116

## DO NOT WRITE IN THIS SPACE

No Chg-P

|  | •  |                                   |                                |                              |   |
|--|--|-----------------------------------|--------------------------------|------------------------------|---|
| 8. The above the obligat   | named entity submits this statement for the pions of registered agent. | ourpose of changing its registere | d office or                    | registered agent, or bot     | th, in the State of Florida. I am familiar with, and accept |
| SIGNATURE.   |  |                                   |                                |                              |   |
|  | Signature, typed or printed name of registered agent and title         | if applicable (NOTE: Registered   | Agent signatu                  | e required when reinstating) | DATE  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution. |  |                                   | \$5.00 May Be<br>Added to Fees | •                            |   |
| 10.  | OFFICERS AND DIREC   | CTORS                             |                                |                              |   |
| TITLE  | PD   |                                   |                                |                              |   |
| NAME   | GREEN, TOBY  |                                   |                                |                              |   |
| STREET ADDRESS   | 5523 22ND PLACE, S.W.  |                                   |                                |                              |   |
| CITY-ST-ZIP  | NAPLES, FL 34116   |                                   |                                |                              |   |
| TITLE  |  |                                   |                                |                              | HOOOOOOOO   |
| NAME   |  |                                   |                                |                              | U00000685544  |
| STREET ADDRESS   |  | •                                 |                                |                              | 04/09/07-80010-002 150.(                                    |
| CITY-ST-ZIP  |  |                                   |                                |                              |   |
| THILE  |  | ,                                 |                                |                              |   |
| NAME   |  |                                   |                                |                              | •   |
| STREET ADDRESS   |  |                                   |                                | · DO                         | NOT WRITE   |
| CITY-ST-ZIP  |  |                                   |                                | DO                           | IAOI AAVIIE   |
| TITLE  | -  |                                   |                                | IN "                         | THIS SPACE  |
| NAME   |  |                                   |                                | 11.4                         | IIIIO OI AOL  |
| STREET ADDRESS   |  |                                   |                                |                              |   |
| CITY-ST-ZIP  |  |                                   |                                |                              |   |
| TITLE  |  |                                   |                                |                              |   |
| NAME   |  |                                   |                                |                              |   |
| STREET ADDRESS   |  |                                   |                                |                              |   |
| CITY-ST-ZIP  |  |                                   |                                |                              |   |
| TITLE  |  |                                   |                                |                              |   |
| MARKE  | 1  |                                   |                                |                              |   |

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 of 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: \_

STREET ADDRESS CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR