

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90027 042 ***150.00

DOCUMENT # P04000099833

1. Entity Name

TUSCANY MARBLE & GRANITE, INC.



Principal Place of Business

2362 EMERSON ST
UNIT 1
JACKSONVILLE FL 32207

Mailing Address

~~9536 ARMELLY WAY~~
~~12~~
~~JACKSONVILLE FL 32257~~



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

3. Mailing Address

2362 Emerson St
Unit #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jacksonville, FL

Zip

Country

Zip

Country

32207

USA

1st MOORE

CR2E034 (10/07)

4. FEI Number 20-1325982

Applied For
Not Applicable

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

BORTOLOTTI, MARGORETE R
~~9436 ARMELLY WAY~~
~~12~~
~~JACKSONVILLE FL 32257~~

Name

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

9536 Armelly way #12

City

Jacksonville

FL

Zip Code

32257

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

Margaret Bortolotti

(NOTE: Registered Agent signature required when reinstating)

03/04/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME BORTOLOTTI, MARGORETE R
STREET ADDRESS 9436 ARMELLY WAY #12
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE
NAME
STREET ADDRESS 9536 Armelly way #12
CITY-ST-ZIP

TITLE VTD
NAME PRATTI, LIBIA R
STREET ADDRESS 9436 ARMELLY WAY #12
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE
NAME
STREET ADDRESS 9536 Armelly way #12
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 Section 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

Margaret Bortolotti

Margaret Bortolotti

03/04/08

(904)346.3220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #