2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000162769

1. Entity Name
TUSCAN SUN, INC.

Principal Place of Business
2504 ABBIE ELIZABETH CT
GULF BREEZE, FL 32563

Mailing Address
2504 ABBIE ELIZABETH CT
GULF BREEZE, FL 32563

DO NOT WRITE IN THIS SPACE

04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1902707 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BOYLESTON-DELGADO, GINA
2504 ABBIE ELIZABETH CT
GULF BREEZE, FL 32563

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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

TITLE	P
NAME	BOYLESTON-DELGADO, GINA
STREET ADDRESS	2504 ABBIE ELIZABETH CT
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	V
NAME	DELGADO, DARYL
STREET ADDRESS	2504 ABBIE ELIZABETH CT
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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05/29/08-20099-009 150.00

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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: Gina Delgado 4/30/08 (850) 434-0377
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #