

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90065 028 ***150.00

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01172006 Chg-P CR2E034 (11/05)

4. FEI Number **20-3707790** 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
Name **Teague, Deborah**
Street Address **TUSCANY CAST, INC.**
2989 Phillips Hwy
City **Jacksonville** FL **32207**

DOCUMENT # P05000145614

1. Entity Name
TUSCANY CAST, INC



Principal Place of Business
5120 BRIDLEWOOD COURT
PONTE VEDRA BEACH, FL 32082

Mailing Address
5120 BRIDLEWOOD COURT
PONTE VEDRA BEACH, FL 32082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **Jacksonville** FL
City & State

Suite, Apt. #, etc. **Jacksonville** FL
City & State

Zip **32207** Country **USA**

Zip **32207** Country **USA**

COOPER, ANNETTE
8466 CHARLES GATE CIRCLE WEST
JACKSONVILLE, FL 32244

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 **Deborah Teague President**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/30/06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **TEAGUE, DEBORAH E**
STREET ADDRESS **5120 BRIDLEWOOD COURT**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **VP** ☐ Delete
NAME **ELFIKRI, REDOUANE**
STREET ADDRESS **4429 MARQUETTE AVENUE**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **Deborah Teague**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06 **904-514-0720**
DATE Daytime Phone #