

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90046 031 \*\*\*158.75

**DOCUMENT # P06000137581**

1. Entity Name

TUSCANY GRANITE OF OCALA, INC.



Principal Place of Business

2620 SW 17 RD., #700  
OCALA FL 34471

Mailing Address

2620 SW 17 RD., #700  
OCALA FL 34471



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0586845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

LAVENDER, JOEL R. ESQ.  
507 SE 11 CT.  
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

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

*Franky faye*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

3/28/07

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 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

TITLE DP  
NAME MOULTON, SAMUEL C. ☐ Delete  
STREET ADDRESS 4135 QUAIL WOOD DR.  
CITY- ST- ZIP ST. CLOUD FL 34772

TITLE DV  
NAME ROTH, JOYCE ☐ Delete  
STREET ADDRESS 2620 SW 17 RD., #700  
CITY- ST- ZIP OCALA FL 34471

TITLE DS  
NAME BARTLETT, DANIEL ☐ Delete  
STREET ADDRESS 1935 MUSTANG CT.  
CITY- ST- ZIP ST. CLOUD FL 34771

TITLE DT  
NAME RIZZO, FRANK ☐ Delete  
STREET ADDRESS 3299 LAKESHORE DR.  
CITY- ST- ZIP DEERFIELD BEACH FL 33442

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 ☐ 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

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NAME  
STREET ADDRESS  
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 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:

*Franky faye*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07

Date

401-540-1007

Daytime Phone #