


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P94000014211 1. Entity Name THE TUSCAN OVEN, INC.	
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Principal Place of Business 605 S. FREMONT AVE. SUITE B TAMPA, FL 33606 US	Mailing Address 605 S. FREMONT AVE. SUITE B TAMPA, FL 33606 US
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01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0482182	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKOKOS, PETER Z
1819 MAIN ST.
STE 610
SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	PALUZZI, PAUL A
STREET ADDRESS	9415 BLIND PASS ROAD STE 204
CITY-ST-ZIP	ST. PETE BEACH, FL 33706
TITLE	PD
NAME	MCHALE, THOMAS
STREET ADDRESS	5310 AMBROSE COURT
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	S
NAME	SKOKOS, PETE
STREET ADDRESS	1819 MAIN ST., STE. 610
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000762785
 05/29/07-80024-007-158.75

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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: _____ Date: 5/1/07 Daytime Phone #: 813-54-1776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR