

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90301 049 ***150.00

DOCUMENT # P99000013970

1. Entity Name
TUSCANY'S RESTAURANT, INC



Principal Place of Business Mailing Address
1301 WINTER SPRINGS BLVD. **1301 WINTER SPRINGS BLVD.**
WINTER SPRINGS, FL 32708 US **WINTER SPRINGS, FL 32708 US**

94049152



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03252004 Chg-P CR2E034 (10/03)

4. FEI Number **59-3554740** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DARONA, EDUARD
1301 WINTER SPRINGS BLVD.
WINTER SPRINGS, FL 32708

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
NAME **DARONA, EDUARD**
STREET ADDRESS **1067 CHOKECHERRY DRIVE**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **VP** ☐ Delete
NAME **DAPONA, EDMUND**
STREET ADDRESS **1067 CHOKECHERRY DRIVE**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

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 **PST** ☒ Change ☐ Addition
NAME **DARONA EDUARD**
STREET ADDRESS **1069 ALVINA LANE**
CITY-ST-ZIP **OWI 32708 FL 32765**

TITLE **V.P.** ☒ Change ☐ Addition
NAME **DARONA EDUARD**
STREET ADDRESS **1069 ALVINA LANE**
CITY-ST-ZIP **OWI 32708 FL 32765**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-04

Date Daytime Phone #