


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90090 014 \*\*\*158.75

<b>DOCUMENT # P99000039573</b> 1. Entity Name <b>TUSCAN-HARVEY CUSTOM HOMES, INC.</b>					
Principal Place of Business <b>902 CLINT MOORE RD, SUITE 120 BOCA RATON, FL 33487</b>			Mailing Address <b>902 CLINT MOORE RD, SUITE 120 BOCA RATON, FL 33487</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>5. Name and Address of Current Registered Agent</b>  <b>POPKIN &amp; SHURPIN, P.A.</b> <b>2499 GLADES RD, SUITE 114</b> <b>BOCA RATON, FL 33431</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Popkin &amp; Shurpin PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>5355 Town Center Road</b> <b>Suite 801</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33486</b>	
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 reissuing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARVEY, DAVID</b> <b>902 CLINT MOORE RD, SUITE 120</b> <b>BOCA RATON, FL 33487</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>KUNTZ, WILLIAM</b> <b>902 CLINT MOORE RD, SUITE 120</b> <b>BOCA RATON, FL 33487</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD</b> <b>KUNTZ, SUSAN M</b> <b>902 CLINT MOORE RD, SUITE 120</b> <b>BOCA RATON, FL 33487</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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					
<b>SIGNATURE:</b> <i>Susan M Kuntz</i> <b>415-64 561 9941177</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					