2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2006 08:00 AM
Secretary of State

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BY:

DOCUMENT # P99000039573

1. Entity Name

TUSCAN-HARVEY CUSTOM HOMES, INC.

Principal Place of Business	Mailing Address
902 CLINT MOORE RD, SUITE 120 BOCA RATON FL 33487	902 CLINT MOORE RD, SUITE 120 BOCA RATON FL 33487

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0920236 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POPKIN & SHURPIN, P.A.
5355 TOWN CENTER RD STE 801
BOCA RATON FL 33486

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 acc the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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 Fee

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	HARVEY, DAVID	
STREET ADDRESS	902 CLINT MOORE RD, SUITE 120	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	TD	☐ Delete
NAME	KUNTZ, WILLIAM	
STREET ADDRESS	902 CLINT MOORE RD, SUITE 120	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	SVD	☐ Delete
NAME	KUNTZ, SUSAN M	
STREET ADDRESS	902 CLINT MOORE RD, SUITE 120	
CITY-ST-ZIP	BOCA RATON FL 33487	
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

U00000519179
05/02/06--80041-017 158.75

TITLE		☐ Change ☐ Ad
NAME		
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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 direc 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan M Kuntz 4-13-06 561 994 11