

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000039573

1. Entity Name
TUSCAN-HARVEY CUSTOM HOMES, INC.



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

Mailing Address
**902 CLINT MOORE RD, SUITE 120
BOCA RATON, FL 33487**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0920236

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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 _____

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

(NOTE: Registered Agent signature required when registering)

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 **D**
NAME **HARVEY, DAVID**
STREET ADDRESS **902 CLINT MOORE RD, SUITE 120**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **TD**
NAME **KUNTZ, WILLIAM**
STREET ADDRESS **902 CLINT MOORE RD, SUITE 120**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **SVD**
NAME **KUNTZ, SUSAN M**
STREET ADDRESS **902 CLINT MOORE RD, SUITE 120**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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03/23/07-00055-025 158.75

**DO NOT WRITE
IN THIS SPACE**

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 807, 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

DAVID B. HARVEY

3/8/07

Date

861-994-1177

Daytime Phone #