## 2005 FOR PROFIT CORPORATION

## May 02, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # S05410 1. Entity Name MARK A. TUSCAN, INC. Mailing Address Principal Place of Business 6238 PRESIDENTIAL CT 6238 PRESIDENTIAL CT STE 5 SUITE 5 FT MYERS, FL 33919 US FT MYERS, FL 33919 No Chg-P 04172005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0215059 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TUSCAN, MARK A. DO NOT WRITE 6238 PRESIDENTIAL CT SUITE 5 SUITE 4 IN THIS SPACE FT MYERS, FL 33919 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 reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE TUSCAN, MARK A. 6238 PRESIDENTIAL CT SUITE 5 STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33919 TITLE U00000352173 05/03/05-80016-016 150.00 NAME STREET ADDRESS CITY - ST - ZIP -JITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY -ST - ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY -ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-- MARK A - TUSCAN

4-29-2005 Date

-239-433-3119

**FILED**