

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVAL
AND
FILED

05 JUN -9 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S47771

1. Entity Name

TUSCANY, INC.



Principal Place of Business

1299 BEDFORD DR.
STE B
MELBOURNE FL 32940

Mailing Address

P.O. BOX 410457
MELBOURNE FL 32941-0457
US

2. Principal Place of Business

1300 Bedford

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne

City & State

Melbourne

Zip

32940

Country

Zip

32940

Country

US

4. FEI Number

59-3066993

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOLENO, LISA F
1703 SOUTH WASHINGTON AVE
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name FOLENO, GARY

Street Address (P.O. Box Number is Not Acceptable)

1300 Bedford Dr # 101

City Melbourne

FL

Zip Code

32940

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	FOLENO, LISA F	
STREET ADDRESS	1703 S WASHINGTON AVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	ALH	<input type="checkbox"/> Delete
NAME	FOLENO, RONALD J	
STREET ADDRESS	1299 BEDFORD DR. STE B2	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	ALH	<input type="checkbox"/> Delete
NAME	FOLENO, GARY J	
STREET ADDRESS	1299 BEDFORD DR. STE B2	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	900056154649	
CITY-ST-ZIP	06/14/05--01051--004 **150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY FOLENO	
STREET ADDRESS	1300 Bedford Dr	
CITY-ST-ZIP	Melbourne, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

06-05-05

Date

Daytime Phone #