

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

1042

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN -5 AM 8:53



<b>DOCUMENT # P04000111717</b> 1. Entity Name <b>MCLEAN TENNIS SYSTEMS, INC.</b>					
Principal Place of Business <b>1747 WOODVILLE HWY CRAWFORDVILLE, FL 32327</b>			Mailing Address <b>1747 WOODVILLE HWY CRAWFORDVILLE, FL 32327</b>		
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>Same as above</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 	Country 	Zip 	Country 	4. FEI Number <b>75-3162398</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MCLEAN, JOHN 1747 WOODVILLE HWY CRAWFORDVILLE, FL 32327</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <i>[Signature]</i> <span style="float: right;">May 22, 2006</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</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	D MCLEAN, JOHN 1747 WOODVILLE HWY CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300076252285 06/16/06--01013--010 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			May 22, 2006 850-925-0212 <small>Date Daytime Phone #</small>		

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## McLean Tennis Systems, Inc.

1747 Woodville Hwy  
Crawfordville, FL 32327  
850.925.0212  
Fax 850.925.0203  
[mcleantennis@earthlink.net](mailto:mcleantennis@earthlink.net)  
[www.tennissystemsinc.com](http://www.tennissystemsinc.com)

June 9, 2006

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: P04000111717

I have received our Annual Report documents and check along with your letter stating that we owe a \$400 late fee. Our original report was filed prior to the May 1<sup>st</sup> deadline. Your office then returned the document to us in May for a missing signature. Had we received the document from your office before the deadline, we would have had more than adequate time to re-deliver the document to your office, even if it meant driving over there, since we are local. Given these circumstances, I respectfully request that you waive the late fee and accept our documents and payment, which are attached.

Sincerely,



Melaney J. McLean

