2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90041 019 ***150.00

DOCUMENT # P05000085514

1. Entity Name
GULF COAST TENNIS, INC.

Principal Place of Business
3442 53RD AVUNUE WEST
BRADENTON, FL 34210

Mailing Address
3442 53RD AVENUE WEST
BRADENTON, FL 34210

03272008 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
Suite, Apt # etc.	Suite, Apt # etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 20-2808023 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDERSON, CAROL A MISS 3119 BAY DRIVE BRADENTON, FL 34207	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 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, 2008 Fee ~~will be $550~~.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P ANDERSON, CAROL A 3119 BAY DRIVE BRADENTON, FL 34207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP Jason Berke 845 32nd Street Sarasota, FL 34234 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP CATTANI, STEPHEN J MR 3119 BAY DRIVE BRADENTON, FL 34207	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ 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: X Carol A Anderson X 4/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date