2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 511056

FILED Jun 19, 2005 Secretary of State

Entity Name: THE TENNIS SHOP OF NAPLES INCORPORATED

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2126 NOR NAPLES, F	TH TAMIAMI [.] FL 34102	TRAIL			
Current Mailing Address:			New Mailing Address:		
2126 NOR NAPLES, F	TH TAMIAMI [*] FL 34102	TRAIL			
FEI Number:	: 59-1770509	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	HARLES GRII	I IIN OIN.			
2126 NO T NAPLES, F The above in the State	TAMIAMI TRL FL 34102 l named entity of Florida.	JS	purpose of changing its registere	d office or registered agent, or both,	
2126 NÖ T NAPLES, F The above	TAMIAMI TRL FL 34102 U named entity e of Florida. RE:	JS submits this statement for the			
2126 NÖ T NAPLES, F The above in the State SIGNATUF In accordance Election Car	AMIAMI TRL FL 34102 U named entity of Florida. RE: Electro ce with s. 607.19	submits this statement for the nic Signature of Registered Ag (2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ent ot receive the prior notice.	Date	
2126 NÖ T NAPLES, F The above in the State SIGNATUF In accordance Election Car	AMIAMI TRL FL 34102 named entity e of Florida. RE: Electro ce with s. 607.19 mpaign Financin S AND DIREC	submits this statement for the nic Signature of Registered Ag (2)(b), F.S., the corporation did n g Trust Fund Contribution (). CTORS:) Delete LES G. JR, . ROAD	ent ot receive the prior notice.		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNE K. PAYNE	SDT	06/19/2005
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