

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 557732

Entity Name: GATOR TENNIS CAMP, INC.

FILED  
Jan 19, 2004  
Secretary of State

**Current Principal Place of Business:**

4624 NW 16TH PL  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

4624 NW 16TH PL  
GAINESVILLE, FL 32605

**New Mailing Address:**

FEI Number: 59-1828034      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAFIN, M B  
4624 N W 16TH PLACE  
GAINESVILLE, FL 32605 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHAFIN, M B III,  
Address: 4624 NW 16TH PL  
City-St-Zip: GAINESVILLE, FL

Title: ST ( ) Delete  
Name: CHAFIN, MAHALA,  
Address: 4624 NW 16TH PL  
City-St-Zip: GAINESVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CHAFIN, M B III,  
Address: 4624 NW 16TH PL  
City-St-Zip: GAINESVILLE, FL 32605 US

Title: ST (X) Change ( ) Addition  
Name: CHAFIN, MAHALA,  
Address: 4624 NW 16TH PL  
City-St-Zip: GAINESVILLE, FL 32605 US

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 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: M. B. CHAFIN

PD

01/19/2004

Electronic Signature of Signing Officer or Director

Date