

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # 557732

1. Entity Name  
GATOR TENNIS CAMP, INC.Principal Place of Business  
4624 NW 16TH PL  
GAINESVILLE, FL 32605Mailing Address  
4624 NW 16TH PL  
GAINESVILLE, FL 32605FILED  
05 DEC -5 PM 2:55CLERK OF STATE  
TALLAHASSEE, FLORIDA**DO NOT WRITE IN THIS SPACE**

08022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1828034

Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CHAFIN, M B  
4624 N W 16TH PLACE  
GAINESVILLE, FL 32605**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 7, 2005**9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CHAFIN, M B III  
STREET ADDRESS 4624 NW 16TH PL  
CITY-ST-ZIP GAINESVILLE, FL 32605TITLE ST  
NAME CHAFIN, MAHALA  
STREET ADDRESS 4624 NW 16TH PL  
CITY-ST-ZIP GAINESVILLE, FL 32605TITLE  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP800061914828  
12/05/05--01061--018 \*\*150.00**DO NOT WRITE  
IN THIS SPACE***Handwritten signature*

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: *X M B Chafin III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**J. J. LUCKEY**  
**& CO.**

**Certified Public Accountants**

*Pine Grove Professional Center  
4045 NW 43rd Street, Suite 'A'  
Gainesville, Florida 32606  
Phone: (352) 377-7171  
Fax: (352) 379-2705*

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November 29, 2005

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6198

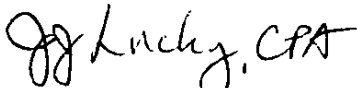
**RE: Gator Tennis Camp, Inc.  
Document #557732**

To Whom It May Concern:

Per our telephone conversation, enclosed please find a check in the amount of \$150 along with a copy of the 2005 For Profit Corporation Annual Report which was mailed in originally for the above referenced corporation. As we discussed on the telephone, we never received your August 2, 2005 letter and as instructed by your office we are forwarding the \$150 to reinstate this corporation.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,

  
J.J. Luckey, CPA

JJL:rjn  
Enclosure