

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90167 010 ***150.00

DOCUMENT # F99000082593

1. Entity Name

TENNIS ROOFING AND ASPHALT, INC.



Principal Place of Business

1350 S BISCAYNE PT ROAD
MIAMI BEACH FL 33141

Mailing Address

PO BOX 995
MCMURRAY PA 15317

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

821 HORGANZA Road

Suite, Apt. #, etc.

City & State

Canonsburg, PA

Zip

Country

15317

Country

USA

4. FEI Number

25-1657478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TENNIS, RICHARD
165 NE 24TH ST.
MIAMI FL 33137

7. Name and Address of New Registered Agent

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME TENNIS, RICHARD
STREET ADDRESS 165 NE 24TH ST.
CITY-ST-ZIP MIAMI FL 33141

TITLE VS ☐ Delete
NAME TENNIS, RONDA
STREET ADDRESS 165 NE 24TH ST.
CITY-ST-ZIP MIAMI FL 33141

TITLE D ☒ Delete
NAME PEDIA, DREW
STREET ADDRESS 165 NE 24TH ST.
CITY-ST-ZIP MIAMI FL 33141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Tennis

2-28-05

Date

724-743-5808

Daytime Phone #