## 2004 FOR PROFIT CORPORATION

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

## Apr 21, 2004 8:00 am Secretary of State **ANNUAL REPORT** 04-21-2004 90009 005 \*\*\*150.00 DOCUMENT # H17387 1. Entity Name CEDARS TENNIS CORPORATION Principal Place of Business Mailing Address 54037347 5100 87TH ST. E. 5100 87TH ST. E. BRADENTON, FL 34241 BRADENTON, FL 34201 US CR2E034 (10/03) 01122004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2443003 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOGAN, PATRICK DO NOT WRITE 5100 87TH ST. E. BRADENTON, FL 34202 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DΡ HUNT, ROBERT NAME 5100 87TH ST. E. STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 VST TITLE HOGAN, PATRICK M. NAME STREET ADDRESS 5100 87TH ST. E. BRADENTON, FL 34202 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

**FILED** 

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 ampeditors, with all other like empowered.

SIGNATURE:	1	16	Patrick	Hosan	3-16-04		758-2424
	SIGNATL	INE AND TYPED	OR PRINTED NAME OF SIGNING OF	FFICER OR DIRECTOR		Date	Daytime Phone #