


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H17387**  
1. Entity Name  
**CEDARS TENNIS CORPORATION**



Principal Place of Business      Mailing Address  
5100 87TH ST. E.      5100 87TH ST. E.  
BRADENTON, FL 34211 US      BRADENTON, FL 34211 US

**DO NOT WRITE IN THIS SPACE**



01072005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2443003**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
  
HOGAN, PATRICK  
5100 87TH ST. E.  
BRADENTON, FL 34211

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing      **\$5.00** May Be  
Trust Fund Contribution.            Added to Fees

U00000253856  
03/07/05-80050-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	OP HUNT, ROBERT 5100 87TH ST. E. BRADENTON, FL 34211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST HOGAN, PATRICK M. 5100 87TH ST. E. BRADENTON, FL 34211
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IN THIS SPACE**

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: *Patrick M. Hogan*      Date: 3/3/05      (941) 758 2424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #