


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90022 022 \*\*\*150.00

**DOCUMENT # H83784**  
 1. Entity Name  
**U. S. TENNIS AND FITNESS COMPANY, INC.**



Principal Place of Business      Mailing Address  
**3963 EXCHANGE AVE**      **3963 EXCHANGE AVE**  
**STE B**      **STE B**  
**NAPLES FL 34104**      **NAPLES FL 34104**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE      CR2E034 (11/03)

4. FEI Number **59-2599821**      Applied For  
 Not Applicable

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

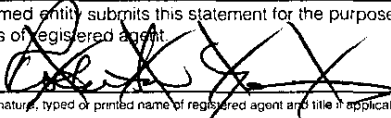

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**YOUNG, ROBERT W**  
**3963-B EXCHANGE AVE.**  
**NAPLES FL 33942**

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       DATE 

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	TS	<input type="checkbox"/> Delete
NAME	YOUNG, JOAN A	
STREET ADDRESS	169 STANHOPE CIRCLE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	TS	<input type="checkbox"/> Delete
NAME	YOUNG, JOAN A	
STREET ADDRESS	169 STAN HOPE CIRCLE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	P	<input type="checkbox"/> Delete
NAME	YOUNG, ROBERT W	
STREET ADDRESS	169 STAN ROPE CIR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YOUNG, ROBERT J	
STREET ADDRESS	1345 MONARCH CIR	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:       Date: **Feb. 6, 2004**      Daytime Phone #: **239.643.7300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR