

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90035 028 ***150.00

DOCUMENT # H89829

1. Entity Name

PREEG-DOHERTY TENNIS, INC.



Principal Place of Business

C/O JOSEPH D. STEWART
801 LAUREL OAK DRIVE, SUITE 705
NAPLES, FL 33963

Mailing Address

C/O JOSEPH D. STEWART
2671 AIRPORT RD, SOUTH STE 302
NAPLES, FL 34112 US

44006373



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2623786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STEWART, JOSEPH D.
2671 AIRPORT ROAD SOUTH
STE 302
NAPLES, FL 34112

**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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

30. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PREEG, JOHN
STREET ADDRESS	1293 VENETIAN WAY
CITY-ST-ZIP	NAPLES, FL
TITLE	DVS
NAME	PREEG, LISA
STREET ADDRESS	1293 VENETIAN WAY
CITY-ST-ZIP	NAPLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN PREEG PRESIDENT

Date

Daytime Phone #

1-30-04

239-543-6736