2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # J17532

Entity Name

SADDLEBROOK INTERNATIONAL TENNIS, INC.



FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

5700 SADDLEBROOK WAY

WESLEY CHAPEL, FL 33543-4499 US

Mailing Address

5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543-4499 US



03192007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2697336

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIEHLE, GREGORY R. 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543

SIGNATURE:

DO NOT WRITE IN THIS SPACE

4/27/07

Date

813-907-4481

Daytime Phone #

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 NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financi Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	CD DEMPSEY, THOMAS L. 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543				U00000741464 05/15/07-80031-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIEHLE, GREGORY R. 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS DEMPSEY, MAUREEN 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS RIEHLE, DIANE 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, DON 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 ptrices 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 impowered.					

NAME OF SIGNING OFFICER OR DIRECTOR