


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000027445</b> 1. Entity Name FLORIDA TENNIS CONSULTING INC.	
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Principal Place of Business 5095 BEECHWOOD RD DELRAY BEACH, FL 33484	Mailing Address C/O MICHAEL J. PILATO, CPA, PA 2407 QUANTUM BLVD BOYNTON BEACH, FL 33426
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**DO NOT WRITE IN THIS SPACE**



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0998973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

VERES, NANDOR  
5095 BEECHWOOD RD  
DELRAY BEACH, FL 33484

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000949207
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP VERES, NANDOR 5095 BEECHWOOD RD DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VERES, NANDOR JR 5095 BEECHWOOD RD DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VERES, MARIA 5095 BEECHWOOD RD DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

06/03/08-80019-020 150.00

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IN THIS SPACE**

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 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:**  **04/28/08** **561 352 7040**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #