2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 18, 2006 8:00 am Secretary of State

| DOCUMENT # P02000072406 1. Entity Name THE TOUR & PLAYERS SCHOOL, INC. | | | | | | | | | 04-: | 24-2006 | 5 90409 | 9 007 **: | *150.00 | |
|--|---------------------------------|------------------------------|-----------------|--|--------------|----------------------------|--|-----------------------|-------------------|----------------------------------|-----------------------------------|------------------|---------------|--|
| Principal Place of Business 308 SAND PINE PLACE GENEVA, FL 32732 | | | | Mailing Address PO BOX 1290 GENEVA, FL 32732 | | | | | N CT!!? NÎN E | 131 8 8 10 8 6 711 | OFFIN HOTTO II | IER FIEN EEND I | N1101 A 1161 | |
| 2. Principal Place of Business | | | | 3. Mailing Address | | | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 04192006 | Chg | .p | CR2E | 034 (11/05) | | |
| City & State | | | | City & State | | | | 4. FEI Numb 03-041 | | | | | ot Applicable | |
| Zip | Country | | | Zip Coun | | itry | 5. Certificate of Status Desired | | | | \$8.75 Additional Fee Required | | | |
| Name and Address of Current Registered Agent | | | | | | Name | | 7. Name and | d Address | of New Re | gistered . | Agent | | |
| REDD, JOHN | | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| (3 | | | | | | | City | | | | Zip Code | | | |
| | named entity tions of regist | ed agent, or be | oth, in the S | tate of Flor | ida. Iam | familiar with | and accept | | | | | | | |
| SIGNATURE. | Semental Accept | or contact name of sensetars | ri anemi and ti | IDA Janobrahio (MOI) | F. Renetera | of Angers amount | an income | when reinstrant | | | DATE | | | |
| FILE NOW! FEE 15 \$150.00 9. Election Campaign Financing \$5,00 May Be | | | | | | | | | | | | | | |
| After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. | | | | | | | | | | | | | | |
| 10. | 0/1 | PAR S | AND DIH | Delete | 11. | | Vic | AND THE SE | CHANGE | S IGO HI | PISANE | DIRECTOR Change | S IN 11 | |
| NAME STREET ADDRESS | | PINE PLACE | • | | E1 ADORESS | 30 | 830 | N O | A'n | É PI | ACE | D | | |
| CHY-SI-ZIP | GENEVA, | FL 32732 | | ₹ Dalete | CITY | - \$1- 21P | n/ | SATE VI | $\alpha_{I} \neq$ | | 22 | Change | Addition | |
| NAME STREET ADDRESS | KIM, HWA | N PINE PLACE | | A some | NAM | | Re | dd, M | 1 arey | <u>C</u> . | PL | | X , | |
| CITY-ST-ZIP | GENEVA, | FL 32732 | | | | - S2 - Z1P | 308 | enel | Pa X | 1 2 | 273 | ع_ | | |
| PITLE NAME | D SMITH, E | DWARD | | Deicte | TITLE | | | | , | _ | | Change | Addition | |
| STREET ADORESS CITY+SI+ZIP | | PINE PLACE FL 32732 | | | | ET ADORESS -ST-ZIP | | | | | | | | |
| TITLE | | | | ☐ Deleta | litu NAM | | | | | | | Change | Addition | |
| NAME SIPEET ADDRESS CITY-S1-ZIP | | | | | STRE | e et adoress -st-zip | | | | | | | | |
| TITLE NAME | | | | ☐ Delete | FIJEL NAM | | | | | | | ☐ Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | | | STRE | ET ADORESS - St - ZIP | | | | | | | | |
| TISLE | | | | ☐ Delete | TITLE | | | | | | | Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | | | SIRE | EI ADORESS -SI-ZIP | | | | | | | | |
| 12. Thereby certify that the information supplied with this filling 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 seme legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to secure 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 aptdress, with all pither tike empowered. SIGNATURE SIGN | | | | | | | | | | | | | | |
| SIGNAT | UKEL_ | SIGNATURE AND TY | ED OR PROVI | ED NAME OF SIGNING OFFICER | OR DIRECT | TOR | | //- | 700 | | ~ (·) | Personal Propers | Ke | |