

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091660

FILED
Mar 15, 2004
Secretary of State

Entity Name: MIKE WILSON TENNIS CONSULTING, INC.

Current Principal Place of Business:

5148 54TH STREET W
BRADENTON, FL 34210

New Principal Place of Business:

4611 OLIVER MANOR DR.
PARRISH, FL 34219

Current Mailing Address:

5148 54TH STREET W
BRADENTON, FL 34210

New Mailing Address:

4611 OLIVER MANOR DR.
PARRISH, FL 34219

FEI Number: 13-4212033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, SARA
5148 54TH STREET W
BRADENTON, FL 34210

Name and Address of New Registered Agent:

WILSON, SARA
4611 OLIVER MANOR DR.
PARRISH, FL 34219

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.

SIGNATURE: SARA WILSON

03/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILSON, MIKE
Address: 5148 54TH STREET W
City-St-Zip: BRADENTON, FL 34210

Title: VD () Delete
Name: WILSON, SARA
Address: 5148 54TH STREET W
City-St-Zip: BRADENTON, FL 34210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILSON, MIKE
Address: 4611 OLIVER MANOR DR.
City-St-Zip: PARRISH, FL 34219

Title: VD (X) Change () Addition
Name: WILSON, SARA
Address: 4611 OLIVER MANOR DR.
City-St-Zip: PARRISH, FL 34219

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA WILSON

VD

03/15/2004

Electronic Signature of Signing Officer or Director

Date