

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091660

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: MIKE WILSON TENNIS CONSULTING, INC.

## Current Principal Place of Business:

2302 123RD PLACE E  
PARRISH, FL 34219

## New Principal Place of Business:

5847 LEXINGTON DR  
PARRISH, FL 34219

## Current Mailing Address:

2302 123RD PLACE E  
PARRISH, FL 34219

## New Mailing Address:

5847 LEXINGTON 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  
2302 123RD PLACE E  
PARRISH, FL 34219 US

## Name and Address of New Registered Agent:

WILSON, SARA  
5847 LEXINGTON DR  
PARRISH, FL 34219 US

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

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILSON, MIKE  
Address: 2302 123RD PLACE E  
City-St-Zip: PARRISH, FL 34219

Title: VP ( ) Delete  
Name: WILSON, SARA  
Address: 2302 123RD PLACE E  
City-St-Zip: PARRISH, FL 34219

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WILSON, MIKE  
Address: 5847 LEXINGTON DR  
City-St-Zip: PARRISH, FL 34219

Title: VP (X) Change ( ) Addition  
Name: WILSON, SARA  
Address: 5847 LEXINGTON DR  
City-St-Zip: PARRISH, FL 34219

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date