## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 02, 2004 08:00 AM Secretary of State DOCUMENT # P02000105125 J. MALLAIAH TENNIS, INC. Mailing Address Principal Place of Business 311 MANGOUSTINE DRIVE 311 MANGOUSTINE DRIVE SANFORD, FL 32771 SANFORD, FL 32771 CR2E034 (10/03) 01162004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0648065 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LEFKOWITZ, IVAN M ESQ. 430 NORTH MILLS AVENUE ORLANDO, FL 32803 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. (NOTE Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be U00000028504 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 02/04/04-80027-024 150.00 OFFICERS AND DIRECTORS 10. DPST TITLE NAME MALLAIAH, L.R. 311 MANGOUSTINE DR STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32771 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 of 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:

TITLE NAME STREET ADDRESS CITY - ST - ZIP

L.R. Mallaiah,

407/321-4571

Date

FILED

Daytime Phone #