

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90116 033 ***150.00

DOCUMENT # P02000123654					
1. Entity Name LAKE MARY TENNIS, INC.					
Principal Place of Business 1015 KNOLLWOOD CT WINTER SPRINGS, FL 32708			Mailing Address 1015 KNOLLWOOD CT WINTER SPRINGS, FL 32708		
2. Principal Place of Business 556 PLEASANT GROVE DR Suite, Apt. #, etc.		3. Mailing Address 556 PLEASANT GROVE DR Suite, Apt. #, etc.			
City & State WINTER SPRINGS FL		City & State WINTER SPRINGS FL		4. FEI Number 06-1663048	
Zip 32708		Country SEMINOLE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUBER, STEPHEN L JR. 1015 KNOLLWOOD CT. WINTER SPRINGS, FL 32708			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 556 PLEASANT GROVE DRIVE City WINTER SPRINGS FL Zip Code 32708		
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 <u>Stephen L. Huber Jr.</u> DATE <u>1/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HUBER, STEPHEN L JR. <input type="checkbox"/> Delete 1015 KNOLLWOOD CT WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 556 PLEASANT GROVE DRIVE WINTER SPRINGS, FL 32708	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Stephen L. Huber Jr.</u>			1/21/06 407-324-3088		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		