

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90230 019 \*\*\*150.00

<b>DOCUMENT # P03000092163</b> 1. Entity Name <b>FLORIDA TENNIS ACADEMY, INC.</b>			
Principal Place of Business <b>2300 BEE RIDGE ROAD</b> <b>301</b> <b>SARASOTA, FL 34239</b>		Mailing Address <b>2300 BEE RIDGE ROAD</b> <b>301</b> <b>SARASOTA, FL 34239</b>	
2. Principal Place of Business <b>3737 S. Tuttle Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>3737 S. Tuttle Ave</b> Suite, Apt. #, etc.	
City & State <b>Sarasota FL</b> Zip <b>34239</b>		City & State <b>Sarasota FL</b> Zip <b>34239</b>	
4. FEI Number <b>22-0169419</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CAROL MONVILLE</b> <b>2300 BEE RIDGE ROAD</b> <b>301</b> <b>SARASOTA, FL 34239</b>		7. Name and Address of New Registered Agent Name <b>CAROL LYNN MONVILLE</b> Street Address (P.O. Box Number is Not Acceptable) <b>3737 S. TUTTLE AVENUE</b> City <b>SARASOTA</b> FL Zip Code <b>34239</b>	
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  DATE <b>4/20/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>CAROL MONVILLE</b> <b>2300 BEE RIDGE ROAD</b> <b>SARASOTA, FL 34239</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>CAROL MONVILLE</b> <b>3737 S. TUTTLE AVENUE</b> <b>SARASOTA, FL 34239</b>
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
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 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 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:		Date <b>4/20/04</b> Daytime Phone # <b>941-924-1040</b>	

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