

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90059 030 ***150.00

DOCUMENT # P04000027420

1. Entity Name

CASUAL LADY TENNIS-N-MORE, INC.



Principal Place of Business

432 RIVER BIRCH LANE
GREEN COVE SPRINGS FL 32043

Mailing Address

432 RIVER BIRCH LANE
GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

664 Kingsley Ave

3. Mailing Address

Suite, Apt. #, etc.
Suite #102

Suite, Apt. #, etc.

City & State
Orange Park, Florida

City & State

Zip
32073

Country
USA

Zip

Country

4. FEI Number

20-0667182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

MURPHY, SHARON M
432 RIVER BIRCH LANE
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MURPHY, SHARON M
STREET ADDRESS 432 RIVER BIRCH LANE
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE VD ☐ Delete
NAME MURPHY, MONTY
STREET ADDRESS 432 RIVER BIRCH LANE
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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 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:

Sharon Murphy, President

Date

Daytime Phone #

1-26-05 904-264-9700