


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90360 022 ***150.00

DOCUMENT # P04000027420 1. Entity Name CASUAL LADY TENNIS-N-MORE, INC.					
Principal Place of Business 664 KINGSLEY AVE SUITE 102 ORANGE PARK, FL 32073			Mailing Address 432 RIVER BIRCH LANE GREEN COVE SPRINGS, FL 32043		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 664 Kingsley Ave. Suite, Apt. #, etc. Suite 102			
Suite, Apt. #, etc.		City & State Orange Park, FL		4. FEI Number 20-0667182	
City & State		Zip 32073		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03012007 Chg-P CR2E034 (12/06)			
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 <u>Murphy, Sharon M</u> Street Address (P.O. Box Number is Not Acceptable) <u>5640 Starlight Lane</u> City <u>Orange Park</u> <u>FL</u> Zip Code <u>32003</u>		
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>Sharon Murphy</u> <u>Sharon Murphy</u> <u>3-01-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	PD MURPHY, SHARON M 432 RIVER BIRCH LANE GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Murphy, Sharon M 5640 Starlight Lane Orange Park, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURPHY, MONTY 432 RIVER BIRCH LANE GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS Murphy, Monty 5640 Starlight Lane Orange Park, FL 32003
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	
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	
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>Sharon Murphy</u> <u>Sharon Murphy</u> <u>3-01-07</u> <u>904-264-9700</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					