

2013 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

13 JUN 21 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10162013 Chg-P CR2E034 (12/11)

DOCUMENT # P04000039441			
1. Entity Name TENNISSMITH, INC.			
Principal Place of Business 13176 N DALE MABRY HWY #160 TAMPA, FL 33618		Mailing Address 13176 N DALE MABRY HWY #160 TAMPA, FL 33618	
2. Principal Place of Business - No P.O. Box # 4522 West Village Dr Suite, Apt. #, etc. Suite 160 City & State Tampa, FL Zip 33624 Country Hillsborough		3. Mailing Address 4522 West Village Dr Suite, Apt. #, etc. Suite 160 City & State Tampa FL Zip 33624 Country Hillsborough	
4. FEI Number 37-1480799		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, STEVE 13176 N DALE MABRY HWY #160 TAMPA, FL 33618		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 then applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 27, 2013		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	MR SMITH, STEVE 13176 N DALE MABRY HWY #160 TAMPA, FL 33618 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 800253502428 11/04/13--01004--004 **550.00
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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:		10/21/13 smiths10s@aol.com	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
		E-MAIL ADDRESS	



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Session

Transaction ID	Description	Filing Stage
p04000039441-c3847b81-f6e6-43fc-a139-e303720d34da	Session file for p04000039441 with last modified date of 6/21/2013 4:59:23 PM Eastern Standard Time	PaymentPage

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
P04000039441-11d2bd18-3333-440e-9fc4-7ca2c756d01b	P04000039441	0	2	1/17/2012 12:00:00 AM
P04000039441-4d565df8-b93a-444d-8e92-e21001b1ab22	P04000039441	0	2	2/21/2010 12:00:00 AM
P04000039441-99383870-4658-4696-8764-88bc4eb3db01	P04000039441	0	2	3/17/2011 12:00:00 AM
p04000039441-c3847b81-f6e6-43fc-a139-e303720d34da	P04000039441	550	0	6/21/2013 4:59:25 PM

