## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000104716

Entity Name: SUSSMAN TENNIS GROUP, INC.

FILED Feb 09, 2005 Secretary of State

Current Principal Place of Business: New	Principal Place of Business:
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P.O. BOX 1167 27 MAGNOLIA DRIVE NORTH FLAGLER BEACH, FL 32136 US ORMOND BEACH, FL 32174 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 1167

FLAGLER BEACH, FL 32136 US

FEI Number: 20-2301838 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEGALZOOM NEVADA, INC. SUSSMAN, JASON L 44 W. FLAGLER ST. 27 MAGNÓLIA DRIVE NORTH SUITE 675 US ORMOND BEACH, FL 32174 MIAMI, FL 33130 US

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.

SIGNATURE: JASON L SUSSMAN 02/09/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS () Delete Title: () Change () Addition

SUSSMAN, JASON L Name: Name: P.O. BOX 1167 Address: Address:

City-St-Zip: FLAGLER BEACH, FL 32136 US City-St-Zip:

Title: Title: () Change () Addition SECR () Delete

SUSSMAN, STANLEY J Name: Name: P.O. BOX 1167 Address: Address: FLAGLER BEACH, FL 32136 US City-St-Zip: City-St-Zip:

Title: TREA Title: () Delete () Change () Addition

SUSSMAN, DEBRA B Name: Name:

P.O. BOX 1167 Address: Address: City-St-Zip: FLAGLER BEACH, FL 32136 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON L SUSSMAN **PRES** 02/09/2005