


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90036 008 \*\*\*150.00

DOCUMENT # P05000030811

1. Entity Name  
 KRISTY MARCIO TENNIS, INC.



Principal Place of Business Mailing Address

~~9 VANDERBILT PLACE~~ ~~P.O. BOX 350238~~  
~~PALM COAST, FL 32164~~ ~~PALM COAST, FL 32135-0238~~

2. Principal Place of Business 3. Mailing Address

8787 Southside Blvd Suite, Apt. #, etc. 5012  
 Suite, Apt. #, etc.

City & State City & State

Jacksonville FL.  
 Zip 32256 Country USA Zip Country

6. Name and Address of Current Registered Agent

SAVY, BENJAMIN  
 18 PALM LEAF LANE  
 PALM COAST, FL 32164

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete

P  
 MARCIO, KRISTINA  
 9 VANDERBILT PLACE  
 PALM COAST, FL 32164

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete

V  
 MARCIO, STANLEY  
 9 VANDERBILT PLACE  
 PALM COAST, FL 32164

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  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: *Stanley Marcio* Date: 1/27-06 - 386-931-1615  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #



01232006 Chg-P CR2E034 (11/05)

4. FEI Number 38-3717891 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required