

2008 FOR PROFIT CORPORATION ANNUAL REPORT

3. **FILED**
Apr 28, 2008 8:00 am
Secretary of State

03-20-2008 90039 006 ***150.00

DOCUMENT # P07000094332					
1. Entity Name HULTQUIST & CROWELL HIGH PERFORMANCE TENNIS INC.					
Principal Place of Business FLORIDA STATE UNIVERSITY, MEN'S TENNIS 100 TULLY GYM TALLAHASSEE, FL 32316			Mailing Address FLORIDA STATE UNIVERSITY, MEN'S TENNIS 100 TULLY GYM TALLAHASSEE, FL 32316		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02282008 Chg-P CR2E034 (12/06)	
4. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				FEI Number 26-1133179	
5. Name and Address of Current Registered Agent WOODYARD, WILLIAM 2719 EDENDERRY DRIVE TALLAHASSEE, FL 32309		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 reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	P HULTQUIST, DWAYNE 100 TULLY GYM TALLAHASSEE, FL 32316 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROWELL, NICK H. 1575 PAUL RUSSELL ROAD #4802 TALLAHASSEE, FL 32301 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					