2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000094332

FILED Apr 13, 2009 Secretary of State

Entity Name: HULTQUIST & CROWELL HIGH PERFORMANCE TENNIS INC.

FLORIDA STATE UNIVERSITY, MEN'S TENNIS 100 TULLY GYM TALLAHASSEE, FL 32316 Current Mailing Address: FLORIDA STATE UNIVERSITY, MEN'S TENNIS 100 TULLY GYM TALLAHASSEE, FL 32316 FEI Number: 26-1133179 FEI Number Applied For () Name and Address of Current Registered Agent: WOODYARD, WILLIAM 2719 EDENDERRY DRIVE TALLAHASSEE, FL 32309 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: Electronic Signature of Registered Agent Date Electron Campaign Financing Trust Fund Contribution ().						
TALLAHASSEE, FL 32316 Current Mailing Address: FLORIDA STATE UNIVERSITY, MEN'S TENNIS 100 TULLY GYM TALLAHASSEE, FL 32316 FEI Number: 26-1133179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: WOODYARD, WILLIAM 2719 EDENDERRY DRIVE TALLAHASSEE, FL 32309 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: Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Date	Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
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n the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). DFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P () Delete Title: () Change () Addition Name: HULTQUIST, DWAYNE Name: Address: 100 TULLY GYM Address: City-St-Zip: TALLAHASSEE, FL 32316 Title: P () Delete Title: () Change () Addition Name: Address: () Change () Addition Name: CROWELL, NICK H Name: Address: 1575 PAUL RUSSELL ROAD #4802 Address: 1575 PAUL RUSSELL ROAD #4802	2719 EDEN	NDÉRRY DRIV				
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NICK CROWELL P 04/13/2009