

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000021047

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** JIM RICHARDS TENNIS SCHOOL INC.

**Current Principal Place of Business:**

8030 SW LOST RIVEWR DRIVE  
HALPATIOKEE PARK  
STUART, FL 34997

**New Principal Place of Business:**

8030 SW LOST RIVER DRIVE  
HALPATIOKEE PARK  
STUART, FL 34997

**Current Mailing Address:**

1291 PARKVIEW PLACE, BLDG.  
I 13  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 11-3807688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICHARDS, SANDRA  
WILLOUGHBY GLEN 1153 WESTMINSTER PLACE  
STUART, FL 34997 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: RICHARDS, JIM  
Address: 1291 PARKVIEW PLACE, BLDG. I 13  
City-St-Zip: STUART, FL 34994

I hereby 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 all other like empowered.

SIGNATURE: JIM RICHARDS

MR

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date