

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000063743**

1. Entity Name  
**WELCH TENNIS COURTS, INC.**



Principal Place of Business  
**4501 OLD US HSY 41  
SUN CITY, FL 33586 US**

Mailing Address  
**4501 OLD US HSY 41  
PO BOX 7770  
SUN CITY, FL 33586 US**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3213747**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MCGINTY, A E  
% SCHUMAKER LOOP & KENDRICK  
2800-101 EAST KENNEDY BLVD 28TH FLOOR  
TAMPA, FL 33602**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	D TODD, GEORGE K III 10443 HERON LAKE DR RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TODD JR, GEORGE K 407 24TH AVE RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, KRUSE 4730 SANDPIPER LANE BIRMINGHAM, AL 35244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TODD, KAREN S 407 24TH AVE SW RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WELCH, DAVID S 201 TRAVELERS WAY ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000588201  
01/17/07-80063-011 150.00

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IN THIS SPACE**

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

*George Todd Jr, Pres*

1/4/07

813-641-7787

Date

Daytime Phone #