

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90086 001 ***150.00

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1. Entity Name
TENNIS UNLIMITED MAINTENANCE AND SUPPLIES INC.

Principal Place of Business
**15706 NW 94 AVE.
ALACHUA, FL 32615 US**

Mailing Address
**15706 NW 94 AVE.
ALACHUA, FL 32615 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3268950

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOTH, STEPHEN C
15706 NW 94 AVE.
ALACHUA, FL 32615**

7. Name and Address of New Registered Agent

Name

Desiree Williams

Street Address (P.O. Box Number is Not Acceptable)

15706 NW 94 AVE

City

ALACHUA

FL

Zip Code

32615

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

Desiree A. Williams

3/8/06

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, 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 **P** ☒ Delete
NAME **TOTH, STEPHEN C**
STREET ADDRESS **15706 NW 94 AVE**
CITY-ST-ZIP **ALACHUA, FL 32615**

TITLE **TS** ☒ Delete
NAME **WILLIAMS, DESIREE**
STREET ADDRESS **15706 NW 94 AVE**
CITY-ST-ZIP **ALACHUA, FL 32615**

TITLE **D** ☒ Delete
NAME **TOTH, NIKKI**
STREET ADDRESS **15706 NW 94 AVE**
CITY-ST-ZIP **ALACHUA, FL 32615**

TITLE **C** ☒ Delete
NAME **TOTH, SOPHIA**
STREET ADDRESS **15706 NW 94 AVE**
CITY-ST-ZIP **ALACHUA, FL 32615**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☒ Addition
NAME **Desiree Williams**
STREET ADDRESS **15706 NW 94 AVE**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **TS** ☐ Change ☒ Addition
NAME **Tom SAMPENI**
STREET ADDRESS **15888 115 AVE NORTH**
CITY-ST-ZIP **JUPITER FL 33478**

TITLE **D** ☒ Change ☐ Addition
NAME **Stephen C Toth**
STREET ADDRESS **15706 NW 94 AVE**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Desiree A. Williams

3/8/06 386-462-7561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #