

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90099 001 ***150.00



DOCUMENT # P97000051942
 1. Entity Name
 THE RACQUET TENNIS CENTER INC.

Principal Place of Business Mailing Address
 2640 PAIGE AVE 2640 PAIGE AVE
 NEW SMYRNA BCH, FL 32168-8479 US NEW SMYRNA BCH, FL 32168-8479 US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02132005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
 59-3449943 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 POTEET, JIM
 28 GOLF VILLA DR.
 PORT ORANGE, FL 32128

7. Name and Address of New Registered Agent
 Name: CARROLL J VERSTEEG
 Street Address (P.O. Box Number is Not Acceptable): 4614 VAN KLEEK
 City: NEW SMYRNA BEACH, FL Zip Code: 32169

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: *C.J. Versteeg* DATE: 4/2/05
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: POTEET, JIM STREET ADDRESS: 28 GOLF VIEW DR. CITY-ST-ZIP: PORT ORANGE, FL 32128	<input checked="" type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PRES. NAME: C.J. VERSTEEG STREET ADDRESS: 4614 VAN KLEEK CITY-ST-ZIP: NEW SMYRNA BEACH FL 32169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VICE PRES. NAME: OWEN DAVIDSON STREET ADDRESS: 202 QUAY ASSISI CITY-ST-ZIP: NEW SMYRNA BEACH FL 32169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *C.J. Versteeg* DATE: 4/2/05 DAYTIME PHONE #: 424-0717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR