## 2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # P97000071953

TED MURRAY TENNIS, INC.



Feb 20, 2004 08:00 AM Secretary of State

**FILED** 

Principal Place of Business

2905 TAMIAMI TRAIL

PUNTA GORDA, FL 33950 US ... Mailing Address

PO DRAWER 511447 PUNTA GORDA, FL 33950

US



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01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0775551

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HACKETT, II J O 99 NESBIT STREET PUNTA GORDA, FL 33950

## DO NOT WRITE

			IN THIS SPACE			
the obligat	named entity submits this statement for the pritions of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, an	nd accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	<del></del>
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	U00000055014 02/20/04-20061-015 150,	nn
10.	OFFICERS AND DIREC	TORS			, Aprillo 1 of 10 10 10 10 10 10 10 10 10 10 10 10 10	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MURRAY, TED J 101 NORTH MARION COURT PUNTA GORDA, FL 33950					:
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·-	IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						: .
TITLE			I T			

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 16, 2009