

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 04, 2007 08:00 AM
Secretary of State**

DOCUMENT # P99000015701

1. Entity Name
JEFF DAVIS TOTAL TENNIS, INC.



Principal Place of Business

**227 SCARBOROUGH COVE
LONGWOOD, FL 32779**

Mailing Address

**P.O. BOX 160153
ALTAMONTE SPRINGS, FL 32716**



05012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3569518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, JEFF
227 SCARBOROUGH COVE
LONGWOOD, FL 32779**

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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 PD
NAME DAVIS, JEFF
STREET ADDRESS 227 SCARBOROUGH COVE
CITY-ST-ZIP LONGWOOD, FL 32716

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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U00000760960
05/25/07-80036-011 150.00

**DO NOT WRITE
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/07 407-788-8438