

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000046642**

1. Entity Name  
**TENNISWOOD FARMS, INC.**



Principal Place of Business  
**208 NE 3RD STREET  
OKEECHOBEE, FL 34972**

Mailing Address  
**208 NE 3RD STREET  
OKEECHOBEE, FL 34972**



04102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0925631** Applied For  Not Applicable

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

5. Name and Address of Current Registered Agent

**DELAHANTY, BRIAN  
1829 SW 28TH AVENUE  
OKEECHOBEE, FL 34974**

**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 and 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 venturing.)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

100000129036  
04/26/04-80061-020 150.00

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **TENNISWOOD, MARK J**  
STREET ADDRESS **208 NE 3RD STREET**  
CITY - ST - ZIP **OKEECHOBEE, FL 34972**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 title or like empowered.

SIGNATURE: \_\_\_\_\_

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 (863) 763-3909  
Date Day and Phone #