


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P99000100719 1. Entity Name STAN OLEY'S TENNIS EQUIPMENT SALES AND SERVICE INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 4711 CHARDONNAY DR. ROCKLEDGE FL 32955 | | | Mailing Address 4711 CHARDONNAY DR. ROCKLEDGE FL 32955 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 59-3614903 | | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent OLEY, STAN 4711 CHARDONNAY DR. ROCKLEDGE FL 32955 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable _____ DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">D</td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OLEY, STAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4711 CHARDONNAY DR.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>ROCKLEDGE FL 32955</td> <td></td> </tr> </table> | | | TITLE | D | <input type="checkbox"/> Delete | NAME | OLEY, STAN | | STREET ADDRESS | 4711 CHARDONNAY DR. | | CITY- ST- ZIP | ROCKLEDGE FL 32955 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">NAME</td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>000000114743</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>02/11/06-80045-025</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>150.00</td> <td></td> </tr> </table> | | | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | 000000114743 | | STREET ADDRESS | 02/11/06-80045-025 | | CITY- ST- ZIP | 150.00 | |
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/06 321-631-5185