2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## **FILED** DOCUMENT # P99000100719 Feb 01, 2006 08:00 AN 1. Entity Name **Secretary of State** STAN OLEY'S TENNIS EQUIPMENT SALES AND SERVICE INC. Mailing Address Principal Place of Business 4711 CHARDONNAY DR. ROCKLEDGE FL 32955 4711 CHARDONNAY DR. ROCKLEDGE FL 32955 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3614903 Not Applicable Country \$8.75 Additional Zφ Country Zıp 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OLEY, STAN Street Address (P.O. Box Number is Not Acceptable) 4711 CHARDONNAY DR. ROCKLEDGE FL 32955 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 DAYE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registured Agent signature required when roinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change Addition TITLE ☐ Delete THEF OLEY, STAN MARJE U00000114743 STREET ADDRESS STREET ADDRESS 4711 CHARDONNAY DR. 02/11/06-80045-025 150.00 **ROCKLEDGE FL 32955** CITY-ST-ZIP CUY-ST-ZIP Change Addition Delete TITLE TITLE NAME MALIE STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY-SI-ZIP Addition ☐ Change Tilli Delete\_ THLE NAME STREET AGORESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP Channel Channel Additio Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change 🔲 Addilic ☐ Defete THILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report for 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

D NAME OF SIGNING OFFICER OR DIRECTOR