## <sup>1</sup>2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P99000100719

1. Entity Name

## STAN OLEY'S TENNIS EQUIPMENT SALES AND SERVICE INC.



FILED
Jan 31, 2008 08:00 AN
Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP									
### ROCKLEDGE FL 32955   ### ROCKLEDGE FL 3295	Principal Place of Business		Mailing Address						
2. Principal Place of Business - No Pro. Box #   3. Making Astamos					·				
City & State    City & State   City & State   City & State   4. FEI Number   59-3614903   Applied From Not A	2. Prancipal F	Place of Business - No P.O. Box #	3. Mailing Address			111091 110 (8110 43111 88111 88111 88111	1 11 <b>2</b> 54 <b>23</b> 111 00111 100H1	1.010 1011063 16 3B21	
Zep Country Zip Country S. Certificate of Satus Deared S.	Suite, Apt. #, etc.		Suite, Apt. #, etc.		15	1st MOORE CR2E034 (10/07)			
S. Certificite of Softing Departed  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  OLEY, STAN A711 CHARDONNAY DR. ROCKLEDGE FL 32955  City  FL  Zip Cods  8. The above named entity submits the statement for the purcess of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the occipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the occipations of registered agent.  SIGNATURE  Signature State of Rockled Basins of Registered Agent agen	City & Stat	е	City & State		4. FEt Numb	EQ_261/QQ2			
OLEY, STAN 4711 CHARDONNAY DR. ROCKLEDGE FL 32955  City FL  City FL  Zip Code  City FL  Zip Code  City FL  Zip Code  City FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  DAT  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  DAT  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  DAT  Street Address (P	Zıp	Country	Zıp	Country	5. Certificate	e of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL 20 Code  6. The above named entity submits the statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objective of the objec		6. Name and Address of Curre	nt Registered Agent		7. Name and	d Address of New Regi	stered Agent		
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Codo  City  FL  Zip Codo  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Sta				Name					
B. The above named entity submits the statement for the purpose of changing its registered agent, or both. In the State of Florida. I am familiar with and accept the collegations of registered agent.    Signature	471	1 CHARDONNAY DR.		Street A	et Address (P.O. Box Number is Not Acceptable)				
B. The above named entity submits the statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the coalgarities of registered agent, or both, in the State of Florida. I am familiar with, and accept the coalgarities of registered agent, or both, in the State of Florida. I am familiar with, and accept the coalgarities of registered agent, or both, in the State of Florida. I am familiar with, and accept the coalgarities of registered agent, or both, in the State of Florida. I am familiar with, and accept the coalgarities of registered agent, or both, in the State of Florida. I am familiar with, and accept the coalgarities of registered agent, or both, in the State of Florida. I am familiar with, and accept the coalgarities of registered agent, or both, in the State of Florida. I am familiar with, and accept the coalgarities of registered agent, or both, in the State of Florida. I am familiar with, and accept the coalgarities of registered agent, or both, in the State of Florida. I am familiar with, and accept the coalgarities of registered agent, or both, in the State of Florida. I am familiar with, and accept the coalgarities of registered agent, or both, in the State of Florida. I am familiar with, and accept the coalgarities of registered agent, or both, in the State of Florida. I am familiar with, and accept the coalgarities of registered agent, or both, in the State of Florida. I am familiar with, and accept the coalgarities of registered agent, or both, in the State of Florida. I am familiar with, and accept the coalgarities of registered agent, or both, in the State of Florida. I am familiar with, and accept the familiar with and ac	HOC	CKLEDGE FL 32955							
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CITY-ST-ZIP	NAME	OLEY, STAN		NAME					
TITLE	STREET ADDRESS	4711 CHARDONNAY DR.		STREET ADDRESS					
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12. Thereby 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 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/0

321-631-5185

Day: ne Phone