

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006 08:00 AM
Secretary of State

DOCUMENT # S47948

1. Entity Name
HULTQUIST TENNIS, INC.



Principal Place of Business
PO DRAWER 2195
TALLAHASSEE, FL 32316

Mailing Address
PO DRAWER 2195
TALLAHASSEE, FL 32316



06212006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3074455

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HULTQUIST, DWAYNE
100 TULLY GYM
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 32316

**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 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)

U000000573951

08/09/06 00004 015 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SPCO
HULTQUIST, DWAYNE
8316 COLTERS CROSSING
TALLAHASSEE, FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCO
HYDE, JENNIFER
3414 CAMERON CHASE DRIVE
TALLAHASSEE, FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCO
CROWELL, NICK
4016 FORSYTHE WAY
TALLAHASSEE, FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/2/06

850 644 1738