

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000073195

Entity Name: XILED GAMING COMPANY**Current Principal Place of Business:**7540 WIMPOLE DRIVE
NEW PORT RICHEY, FL 34655**Current Mailing Address:**7540 WIMPOLE DRIVE
NEW PORT RICHEY, FL 34655**FEI Number: 86-1159347****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KELVER, BENJAMIN D
7540 WIMPOLE DRIVE
NEW PORT RICHEY, FL 34655 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	KELVER, BENJAMIN D
Address	7540 WIMPOLE DRIVE
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	VP
Name	WADE, AARON D
Address	455 ALTERNATE 19 S
City-State-Zip:	PALM HARBOR FL 34683

Title	T
Name	NORDSTROM, JAMES B
Address	1825 N EAST ST.
City-State-Zip:	WEBB CITY MO 64870

Title	S
Name	ACCORD, MICHAEL J
Address	7125 HATPIN LOOP
City-State-Zip:	WESLEY CHAPEL FL 33545

Title	M
Name	GOODEN, JAMES P
Address	1841 W 5050 S
City-State-Zip:	ROY UT 84067

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KELVER , BENJAMIN , D**DP****04/28/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date