

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90049 002 ***150.00

DOCUMENT # 256594

1. Entity Name

HOUSE OF GAMES IMPORTED, INC.



Principal Place of Business

~~206 HOWARD ST~~
PETOSKEY MI 49770
US

Mailing Address

2466 STEWART ROAD
PETOSKEY MI 49770

50012550



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

2466 Stewart RD
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Petoskey MI

City & State

Zip

49770

Country

US

Country

4. FEI Number

59-0975597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CANNON, VICTOR J
25 MAYFAIR LANE
BOYNTON BEACH FL 33462

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CANNON, JOHN V.
STREET ADDRESS ~~206 HOWARD STREET~~ 2466 Stewart RD
CITY-ST-ZIP PETOSKEY MI 49770

TITLE V ☐ Delete
NAME CANNON, SUSAN K.
STREET ADDRESS ~~206 HOWARD STREET~~ 2466 Stewart RD
CITY-ST-ZIP PETOSKEY MI 49770

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

John Cannon John CANNON

1/31/05

(231)

347-5087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #