


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jun 08, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # 739967</b> 1. Entity Name <b>GOLDEN AGE GAMES, INC.</b>	
---	---

Principal Place of Business <b>PO BOX 1788 SANFORD, FL 32772 US</b>	Mailing Address <b>PO BOX 1788 SANFORD, FL 32772 US</b>
--	--



05202005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0440968</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>GORDON, ANGELIA 300 N. PARK AVE SANFORD, FL 32771</b>
---

**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) DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELTONHEAD, KIM 300 N. PARK AVENUE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIRBY, MIKE 300 N PARK AVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENNETT, EVELINE 300 N PARK AVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, LISA 300 N PARK AVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VOLK, BRIAN 531 N. PALMETTO AVENUE SANFORD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000369245  
06/08/05-80006-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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:** *Kim Kirby Eltonhead* 6/3/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #