

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 739967**

1. Entity Name  
**GOLDEN AGE GAMES, INC.**



Principal Place of Business

**300 NORTH PARK AVE  
SANFORD, FL 32771 US**

Mailing Address

**300 NORTH PARK AVE  
SANFORD, FL 32772-1 US**



01182008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0440968**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HICKS, PAT  
300 NORTH PARK AVE  
SANFORD, FL 32771**

**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 \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000800885  
01/31/08-80035-008 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ELTONHEAD, KIM
STREET ADDRESS	300 N. PARK AVENUE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D
NAME	KIRBY, MIKE
STREET ADDRESS	300 N PARK AVE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D
NAME	JONES, LISA
STREET ADDRESS	300 N PARK AVE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D
NAME	VOLK, BRIAN
STREET ADDRESS	531 N. PALMETTO AVENUE
CITY-ST-ZIP	SANFORD, FL
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #