

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91255 010 \*\*\*150.00

**DOCUMENT # J25474**

1. Entity Name  
**BINGO WORLD, INC.**



Principal Place of Business  
% LAUREL K. STOREY  
891 S. CENTRAL AVE.  
UMATILLA, FL 32784

Mailing Address  
% LAUREL K. STOREY  
891 S. CENTRAL AVE.  
UMATILLA, FL 32784

94083741

**DO NOT WRITE IN THIS SPACE**

01092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2712668

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

STOREY, LAUREL K.  
891 S. CENTRAL AVE.  
UMATILLA, FL 32784

**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, the 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME LAUREL K. STOREY  
STREET ADDRESS 3120 INDIAN TRAIL  
CITY-ST-ZIP EUSTIS, FL

TITLE VT  
NAME RICHARD F. STOREY  
STREET ADDRESS 3120 INDIAN TRAIL  
CITY-ST-ZIP EUSTIS, FL

TITLE S  
NAME WILLIAM E. BROWN  
STREET ADDRESS 19651 FIFTH ST.  
CITY-ST-ZIP UMATILLA, FL

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAUREL K. STOREY

4/29/04

Date

(352) 669-7229

Daytime Phone #