

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90140 038 ***158.75

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

*820 S. BAY ST.
EUSTIS FL 32726*

50007013



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

*820 S. BAY ST
EUSTIS FL
32726*

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 32726
TITLE	VT
NAME	RICHARD F. STOREY
STREET ADDRESS	3120 INDIAN TRAIL
CITY- ST- ZIP	EUSTIS, FL 32726
TITLE	S
NAME	WILLIAM E. BROWN
STREET ADDRESS	19651 FIFTH ST.
CITY- ST- ZIP	UMATILLA, FL 32784
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 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:

Laurel K. Storey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/06

352/669-2279