

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # J25474**

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



Principal Place of Business  
**820 SOUTH BAY STREET  
EUSTIS, FL 32726 US**

Mailing Address  
**820 SOUTH BAY STREET  
EUSTIS, FL 32726 US**



01022007 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**

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

**STOREY, LAUREL K.  
820 SOUTH BAY STREET  
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, 2007 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	

U000000753917  
05/22/07-80041-022 150.00

**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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/07 352/589-5440