

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90013 014 ****61.25

DOCUMENT # N98000004207

1. Entity Name

GOOD LIFE GAMES, INC.



Principal Place of Business

330 5TH ST. N.
ST. PETERSBURG FL 33701

Mailing Address

330 5TH ST. N.
ST. PETERSBURG FL 33701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

59-3531796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OBARA, CAROLE
1962-64 AVE N
SAINT PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KRAMER, JAMES	
STREET ADDRESS	14099 BELCHER RD. S #1262	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	STD	<input type="checkbox"/> Delete
NAME	OBARA, CAROLE	
STREET ADDRESS	1962 64TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PALUMBO, ALFRED J.	
STREET ADDRESS	216 HILLCREST DR.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAWN CHISHOLM	
STREET ADDRESS	301 SEACREST DR #202	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLE OBARA	
STREET ADDRESS	1962-64 AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA KRAMER	
STREET ADDRESS	14099 BELCHER RD S. #1262	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARBY CORTRIGHT	
STREET ADDRESS	1300 S. HERCULES AVE. UNIT 10	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Carole S. Obara* CAROLE S. OBARA 5/10/04 727-527-8357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ K. # NA8000004207
S4024237

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