

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000099432

1. Entity Name
BINGO PARADISE, INC.



Principal Place of Business

4469 MOBILE HWY
PENSACOLA, FL 32506

Mailing Address

P.O. BOX 36458
PENSACOLA, FL 32516



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3680875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODSON, TRACY L
3553 DON JANEAL RD
PENSACOLA, FL 32526

**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

U000000571078
07/18/06-80022-024 550.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HANCOCK, PHELON J
7625 BLUEBERRY RD
PANAMA CITY, FL 32404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GOODSON, TRACY L
540 E TEN MILE RD
PENSACOLA, FL 32534

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-06

Date

850-457-0067

Daytime Phone #