

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

01-29-2004 90076 037 ***100.50
02-12-2004 90013 025 ****49.50

44010976



MOORE CR2E034 (11/03)

DOCUMENT # P00000109199 1. Entity Name PLAYING GAMES INTERACTIVE, INC.					
Principal Place of Business 1340 HILLCREST AVE. S. CLEARWATER FL 33756 US			Mailing Address P O BOX 10154 LARGO FL 33773 US		
2. Principal Place of Business 7550 121 AVE. N.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LARGO, FLORIDA		City & State		4. FEI Number NO-T APPLICABLE	
Zip 33773		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDONALD, ALAN 1340 HILLCREST AVE. S. CLEARWATER FL 33756			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 1-26-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MCDONALD, ALAN D 1340 HILLCREST DR. S. CLEARWATER FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MCDONALD, ALAN D. 7550 121 AVE. N. LARGO, FLORIDA 33773	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDONALD, BRITTANY 7550 121 AVE. N. LARGO FL 33773		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ES MCDONALD, CHASE 7550 121 AVE. N. LARGO FL 33773		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDONALD, BLAKE 7550 121 AVE. N. LARGO FL 33773		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: ALAN D. MCDONALD 1-26-04 727 560 6899 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment



44010976

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

February 2, 2004

PLAYING GAMES INTERACTIVE, INC.
P O BOX 10154
LARGO, FL 33773 US

Subject: **PLAYING GAMES INTERACTIVE, INC.**

Reference Number: **P00000109199**

*I'm sorry for
my error.
ALAN MCDONALD*

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$100.50; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$49.50.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cc

ANNUAL REPORTS SECTION