

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90027 018 ***150.00

DOCUMENT # P00000109199

1. Entity Name

PLAYING GAMES INTERACTIVE, INC.



Principal Place of Business

Mailing Address

7550 121 AVE N.
LARGO FL 33773
US

P O BOX 10154
LARGO FL 33773
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, ALAN
1340 HILLCREST AVE. S.
CLEARWATER FL 33756

new
ADDRESS
only →

7. Name and Address of New Registered Agent

Name ALAN MCDONALD

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

7550 121 AVE. N.

City LARGO

FL

Zip Code 33773

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

2-4-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME CEO
STREET ADDRESS MCDONALD, ALAN D
CITY-ST-ZIP 7550 121 AVE N.
LARGO FL 33773

TITLE ☐ Delete
NAME V
STREET ADDRESS MCDONALD, BRITTANY
CITY-ST-ZIP 7550 121 AVE. N.
LARGO FL 33773

TITLE ☐ Delete
NAME ES
STREET ADDRESS MCDONALD, CHASE
CITY-ST-ZIP 7550 121 AVE. N.
LARGO FL 33773

TITLE ☐ Delete
NAME T
STREET ADDRESS MCDONALD, BLAKE
CITY-ST-ZIP 7550 121 AVE. N.
LARGO FL 33773

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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

Date

Daytime Phone #

ALAN MCDONALD 2-4-05

727 560 6899