

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90044 011 ***150.00

DOCUMENT # P01000064706

1. Entity Name
BRATTTTS BINGO INC.



Principal Place of Business
**1269 NW 40TH AVE
LAUDERHILL, FL 33313**

Mailing Address
**1269 NW 40TH AVE
LAUDERHILL, FL 33313**

44012790



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1116255

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIEGEL, ANDREW L
1269 NW 40TH AVE
LAUDERHILL, FL 33313**

7. Name and Address of New Registered Agent

Name **GALE FONTAINE**
Street Address (P.O. Box Number is Not Acceptable)
2201 NE 44 ST
City **LIGHTHOUSE POINT** FL Zip Code **33064**

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 **GALE FONTAINE**

Signature, typed or printed name of registered agent and title if applicable.

Gale Fontaine

(NOTE: Registered Agent signature required when reinstating)

2-18-04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FONTAINE, JOHN**
STREET ADDRESS **2201 NE 44TH ST**
CITY-ST-ZIP **LIGHTHOUSE PT, FL 33064**

TITLE **D** ☐ Delete
NAME **FONTAINE, GALE**
STREET ADDRESS **2201 NE 44TH ST**
CITY-ST-ZIP **LIGHTHOUSE PT, FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Gale Fontaine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-04

954-513-4350