

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000036613

1. Entity Name

VIDEO GAMES OF DAYTONA BEACH, INC.



Principal Place of Business

1842 S. SEGRAVE ST.
SOUTH DAYTONA, FL 32119

Mailing Address

1842 S. SEGRAVE ST.
SOUTH DAYTONA, FL 32119



03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3635784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOUNG, BRIAN R
213 SILVER BEACH AVE
DAYTONA BEACH, FL 32118

**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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GULLO, SANTO
STREET ADDRESS 1842 S SEAGRAVE ST
CITY-ST-ZIP SOUTH DAYTONA, FL 32119

TITLE VD
NAME GULLO, STEVE
STREET ADDRESS 1842 S SEAGRAVE ST
CITY-ST-ZIP SOUTH DAYTONA, FL 32119

TITLE STD
NAME IACONIS, KATHY
STREET ADDRESS 1842 S SEAGRAVE ST
CITY-ST-ZIP SOUTH DAYTONA, FL 32119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000470363
03/28/06-80011-005 150.00

**DO NOT WRITE
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:

Kathy Iaconis KATHY IACONIS

3/14/06

(386) 788-7501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone