

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015120

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: CLASSIC GAME SOURCE, INC.

**Current Principal Place of Business:**

3500 SOUTH STREET  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

3500 SOUTH STREET  
TITUSVILLE, FL 32780

**New Mailing Address:**

FEI Number: 56-2321872      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PETERSON, SUSAN A VP  
5145 US HWY 1  
MIMS, FL 32754      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: PETERSON, JAMES J PRES  
Address: 5145 US HWY 1  
City-St-Zip: MIMS, FL 32754

Title: TREA ( ) Delete  
Name: BENDER, MICHELLE L TREAS  
Address: 5145 US HWY 1  
City-St-Zip: MIMS, FL 32754

Title: VP ( ) Delete  
Name: PETERSON, SUSAN A VP  
Address: 5145 US HWY 1  
City-St-Zip: MIMS, FL 32754

Title: SEC ( ) Delete  
Name: UNNEVER, BRIDGETTE A SECRETA  
Address: 5145 US HWY 1  
City-St-Zip: MIMS, FL 32754

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO ( ) Change (X) Addition  
Name: HJELM, JESSE CFO  
Address: 5145 US HWY 1  
City-St-Zip: MIMS, FL 32754

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J PETERSON

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date