

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90146 001 ***300.00

DOCUMENT # P03000062494 1. Entity Name GAMEROOM SALES AND SERVICE, INC.			
Principal Place of Business 2665 CLUBHOUSE DR. NORTH CLEARWATER, FL 33761		Mailing Address 2665 CLUBHOUSE DR. NORTH CLEARWATER, FL 33761	
2. Principal Place of Business 2676 Crystal Circle Suite, Apt. #, etc.		3. Mailing Address 2676 Crystal Circle Suite, Apt. #, etc.	
City & State Dunedin, FL Zip 34698 Country USA		City & State Dunedin FL Zip 34698 Country USA	
4. FEI Number 73-1669867		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEORGE, THOMAS E JR. 2665 CLUBHOUSE DR. NORTH CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2676 Crystal Circle City Dunedin FL Zip Code 34698	
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:  DATE: 3-10-05 <small>(Signature, title, or print 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, 2005 Fee will be \$550.00		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	PTS GEORGE, THOMAS E JR 2665 CLUBHOUSE DR. N. CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2676 Crystal Circle Dunedin, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: 3-10-05 Daytime Phone #	