

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90058 032 \*\*\*150.00

**DOCUMENT # P03000106576**

1. Entity Name

LAS VEGAS FUN, INC.



Principal Place of Business

4090 HODGES BLVD UNIT 1009  
JACKSONVILLE FL 32224

Mailing Address

PO BOX 158  
PONTE VEDRA BEACH FL 32004

54043019

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

4090 HODGES BLVD.

Suite, Apt. #, etc.

UNIT # 1009

City & State

City & State

JACKSONVILLE, FL.

4. FEI Number

20-0251766

Applied For

Not Applicable

Zip

Country

Zip

32224

Country

FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

Name

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

City

FL

Zip Code

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, 2004 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 NAME ☐ Delete

PD  
GITHENS, GEORGE L  
4090 HODGES BLVD UNIT 1009  
JACKSONVILLE FL 32224

TITLE NAME ☒ Delete

VD  
ROIZ, JIM R  
4090 HODGES BLVD UNIT 1009  
JACKSONVILLE FL 32224

TITLE NAME ☒ Delete

STD  
CLOUSE, CHARLES R  
4090 HODGES BLVD UNIT 1009  
JACKSONVILLE FL 32224

TITLE NAME ☒ Delete

D  
WINOKUR, JOHNNY  
4090 HODGES BLVD UNIT 1009  
JACKSONVILLE FL 32224

TITLE NAME ☒ Delete

D  
LANG, SHIMIN  
4090 HODGES BLVD UNIT 1009  
JACKSONVILLE FL 32224

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☒ Addition

P, VP, ST, D  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

*George L. Githens* GEORGE L. GITHENS 4-26-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #