
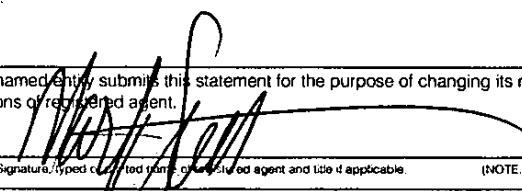
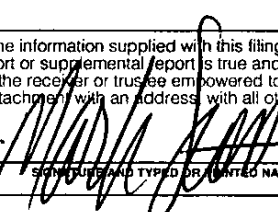


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90135 028 ***150.00

DOCUMENT # P04000139006 1. Entity Name VEGAS OF SAINT PETERSBURG, INC.					
Principal Place of Business 10570 GANDY BLVD. ST. PETERSBURG, FL 33702 US			Mailing Address 10570 GANDY BLVD. ST. PETERSBURG, FL 33702 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1713997	
5. Certificate of Status Desired <input type="checkbox"/>				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 PETRO, ALEX 2785 BAYSIDE DR. S. ST. PETERSBURG, FL 33705				7. Name and Address of New Registered Agent Name Mark Scott Street Address (P.O. Box Number is Not Acceptable) 10570 GANDY BLVD. City ST. PETERSBURG FL 33702	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETRO, ALEX 2785 BAYSIDE DRIVE SOUTH ST. PETERSBURG, FL 33705		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10570 GANDY BLVD. ST. PETERSBURG, FL 33702	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCOTT, MARK 5465 115TH AVE. N. CLEARWATER, FL 33760		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10570 GANDY BLVD. ST. PETERSBURG, FL 33702	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BYERS, JASON 7840 52ND STREET NORTH PINELLAS PARK, FL 33781		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10570 GANDY BLVD. ST. PETERSBURG, FL 33702	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES SCOTT, MARK 5465 115TH AVE NORTH CLEARWATER, FL 33760		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10570 GANDY BLVD. ST. PETERSBURG, FL 33702	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			MARK SCOTT, VP		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 8/29/05 (727) 576-9100 Daytime Phone #		

50065023



05102005 Chg-P CR2E034 (10/03)