

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90185 016 \*\*\*150.00

DOCUMENT # P06000021163

1. Entity Name

GAMING PRODUCTS AND SUPPLY, INC



Principal Place of Business

2724 S. GARDEN DR.  
#301  
LAKE WORTH FL 33461

Mailing Address

2724 S. GARDEN DR.  
#301  
LAKE WORTH FL 33461



2. Principal Place of Business - No P.O. Box #

2724 S. Garden Dr. #301  
Suite, Apt. #, etc.  
#301

3. Mailing Address

SAME  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

LAKE WORTH

City & State

LAKE WORTH

4. FEI Number

41-219-7415

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, PETER  
3570 SOUTH OCEAN BLVD  
SOUTH PALM BEACH FL 33480

7. Name and Address of New Registered Agent

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, 2007 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

NAME FORTIER, ROBERT ☒ Delete  
STREET ADDRESS 9910 ALTERNATE AIA BUILDING 702 SUITE 179  
CITY ST ZIP PALM BEACH GARDENS FL 33410

NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP CORRECTION

NAME FORTIER, ROBERT ☐ Delete  
STREET ADDRESS 2724 S. GARDEN DR #301  
CITY ST ZIP LAKE WORTH, FL 33461

NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

NAME ☐ Change ☐ Addition  
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STREET ADDRESS  
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NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Robert Fortier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07  
2/4/07

561-435-4757

Date

Daytime Phone