

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90030 016 \*\*\*150.00

DOCUMENT # P07000055633

1. Entity Name  
RWJ'S VIDEO GAMES, INC.



Principal Place of Business  
279 POWERLINE DR.  
POMPANO BEACH, FL 33062 US

Mailing Address  
279 POWERLINE DR.  
POMPANO BEACH, FL 33062 US

40038761



2. Principal Place of Business - No P.O. Box #  
621 CAPE CORAL PKWY  
Suite, Apt. #, etc.  
Unit #1

3. Mailing Address  
621 CAPE CORAL PKWY  
Suite, Apt. #, etc.  
Unit #1

01172008 Chg-P CR2E034 (12/06)

City & State  
CAPE CORAL, FL.

City & State  
CAPE CORAL, FL

4. FEI Number  
26-1073516

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name  
DENA GUNN  
Street Address (P.O. Box Number is Not Acceptable)  
621 CAPE CORAL PKWY., EAST  
Unit #1  
City  
CAPE CORAL FL Zip Code  
33904

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]* DATE: 1/18/08

Signature, typed or printed name of registered agent and fee if applicable. NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$560.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GUNN, DENA	
STREET ADDRESS	<del>279 POWERLINE DR.</del>	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUNN, ROBBIE	
STREET ADDRESS	279 POWERLINE DR.	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, JOHN JR.	
STREET ADDRESS	<del>279 POWERLINE DR.</del>	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	T	<input type="checkbox"/> Delete
NAME	JORDAN, ROBERT	
STREET ADDRESS	2221 GLENWOOD DR.	
CITY-ST-ZIP	GASTONIA, NC 28053	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAN, ROBERT	
STREET ADDRESS	2221 GLENWOOD DR.	
CITY-ST-ZIP	GASTONIA, NC 28053	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	621 CAPE CORAL PKWY, EAST	
CITY-ST-ZIP	CAPE CORAL, FL. 33904	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	201 WESTVIEW DRIVE	
CITY-ST-ZIP	LINCOLN, NC 28092	
TITLE	SECTY.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUSTAN GUNN	
STREET ADDRESS	P.O. Box 546	
CITY-ST-ZIP	FRON STATION, NC 28030	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #