

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 12, 2008 8:00 am
Secretary of State

05-02-2008 90113 039 ***150.00

DOCUMENT # P07000134531 1. Entity Name R.O.I. GAMING, INC.					
Principal Place of Business 1051 BOND COURT MARCO ISLAND FL 34145			Mailing Address 1051 BOND COURT MARCO ISLAND FL 34145		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 88-0366162	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TUCKER, EDMOND G 950 N. COLLIER BLVD. SUITE 204 MARCO ISLAND FL 34145				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 _____ DATE _____ (Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, T ROSE, TIMOTHY 1051 BOND COURT MARCO ISLAND FL 34145	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROSE, DENISE 1051 BOND COURT MARCO ISLAND FL 34145	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete			
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 information.			SIGNATURE: <u><i>Timothy G. Rose</i></u> TIMOTHY G. ROSE 4-18-08 239-393-1764 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone		