

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H99854

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: MCCOLLOUGH PARTY RENTAL, INC.

**Current Principal Place of Business:**

% ANN A. MCCOLLOUGH  
118 AVE. A, S.E.  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

% ANN A. MCCOLLOUGH  
118 AVE. A, S.E.  
WINTER HAVEN, FL 33880

**New Mailing Address:**

FEI Number: 59-2659719      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCOLLOUGH, ANN A.  
118 AVE., A S.E.  
WINTER HAVEN, FL 33880      US

**Name and Address of New Registered Agent:**

MCCOLLOUGH, ANN A PRES.  
118 AVE., A S.E.  
WINTER HAVEN, FL 33880      US

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.

SIGNATURE: ANN A MCCOLLOUGH      03/18/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCCOLLOUGH, ANN A.,  
Address: 118 AVE A SE  
City-St-Zip: WINTER HAVEN, FL

Title: VP ( ) Delete  
Name: MCCOLLOUGH, MARK A.,  
Address: 118 AVE A SE  
City-St-Zip: WINTER HAVEN, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MCCOLLOUGH, ANN A PRES  
Address: 118 AVE A SE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP (X) Change ( ) Addition  
Name: MCCOLLOUGH, MARK A VP  
Address: 118 AVE A SE  
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN A MCCOLLOUGH      PRES      03/18/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date