2005 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000083244

1. Entity Name
THE PARTY CREW INCORPORATED

Principal Place of Business	Mailing Address
PO BOX 4453 SEMINOLE, FL 33775	PO BOX 4453 SEMINOLE, FL 33775

DO NOT WRITE IN THIS SPACE

50065964

07272005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3668458	Not Applicable

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

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6. Name and Address of Current Registered Agent

BURHANS, LINDA S
12012 98TH AVENUE N
SEMINOLE, FL 33772

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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 **Due by September 7, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$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

TITLE	D
NAME	BURHANS, LINDA S
STREET ADDRESS	12012 98TH AVENUE N
CITY-ST-ZIP	SEMINOLE, FL 33772

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: *Linda S Burhans*   9/3/05   727-394-1718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #