

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000003608

Entity Name  
PARTY ANTICS, INC.



Principal Place of Business  
3650 CORAL RIDGE DRIVE  
STE 111  
CORAL SPRINGS, FL 33065

Mailing Address  
3650 CORAL RIDGE DRIVE  
STE 102  
CORAL SPRINGS, FL 33065



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0492679

Applied For  
Not Applicable

6. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**8. Name and Address of Current Registered Agent**

GOLDKLANK, GLENN  
3650 CORAL RIDGE DRIVE, STE 102  
CORAL SPRINGS, FL 33065

**DO NOT WRITE  
IN THIS SPACE**

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 restate/ing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PT  
NAME GOLDKLANK, GLENN  
STREET ADDRESS 3650 CORAL SPRINGS DRIVE #102  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE VS  
NAME GOLDKLANK, JEFFREY  
STREET ADDRESS 3650 CORAL SPRINGS DRIVE #102  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE VS  
NAME CARIM, GEORGE  
STREET ADDRESS 3650 CORAL SPRINGS DRIVE #102  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE VS  
NAME ROSE, PHILIP  
STREET ADDRESS 3650 CORAL SPRINGS DRIVE #111  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000398789  
01/31/06-80012-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 of assets 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Glenn Goldklank, Inc*

*1/17/06 954-255-1107*