

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 507313

FILED  
Apr 04, 2004  
Secretary of State

Entity Name: PARTY PACKAGING AND PRODUCTS, INC.

## Current Principal Place of Business:

815 119TH AVE.  
TREASURE ISLAND, FL 33706

## New Principal Place of Business:

5950 PELICAN BAY PLAZA  
PH 2 F  
ST PETERSBURG, FL 33707

## Current Mailing Address:

815 119TH AVE.  
TREASURE ISLAND, FL 33706

## New Mailing Address:

5950 PELICAN BAY PLAZA  
PH 2 F  
ST. PETERSBURG, FL 33707

FEI Number: 59-1657666

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COMBS, PATRICIA J.  
815 119TH AVENUE  
TREASURE ISLAND, FL 33706 US

## Name and Address of New Registered Agent:

COMBS, PATRICIA J.  
5950 PELICAN BAY PLAZA  
PH 2 F  
ST PETERSBURG, FL 33707 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:

04/04/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: SMITH, CARON,  
Address: 12291 89TH TERRACE  
City-St-Zip: SEMINOLE, FL 33772

Title: PD ( ) Delete  
Name: COMBS, PATRICIA J,  
Address: 815 119TH AVE  
City-St-Zip: TREASURE, FL 33706

Title: VP ( ) Delete  
Name: ZELMER, RAY  
Address: 815 119TH AVE  
City-St-Zip: TREASURE ISLAND, FL 33706

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: COMBS, PATRICIA J,  
Address: 5950 PELICAN BAY PLAZA PH 2F  
City-St-Zip: ST. PETERSBURG, FL 33707

Title: VP (X) Change ( ) Addition  
Name: ZELMER, RAY  
Address: 5950 PELICAN BAY PLAZA PH2F  
City-St-Zip: ST. PETERSBURG, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA J. COMBS

PRES

04/04/2004

Electronic Signature of Signing Officer or Director

Date