

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 507313

**FILED**  
**Apr 30, 2011**  
**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:**

**Current Mailing Address:**

815 119TH AVE  
TREASURE ISLAND, FL 33706

**New Mailing Address:**

**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 AVE.  
TREASURE ISLAND, FL 33706 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA COMBS

PRES

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date