

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # G19032 1. Entity Name THE GARDEN PARTY, INC.	
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Principal Place of Business 2832 S MACDILL AVE TAMPA, FL 33629 US	Mailing Address 2832 S MACDILL AVE TAMPA, FL 33629 US
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04092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2388299	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ANGELICI, LINA ESQ. SCHIFINO & FLEISCHER, P.A. SUITE 2700 ONE TAMPA CITY CTR., 201 N. FRANKLIN ST. TAMPA, FL 33602
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**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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

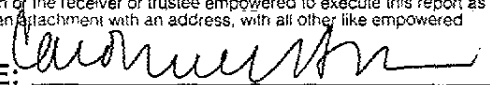
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
NAME HILL, CAROLINE C 2926 VILLA ROSE PARK TAMPA, FL 33611	
NAME STREET ADDRESS CITY, ST, ZIP	
NAME STREET ADDRESS CITY, ST, ZIP	
NAME STREET ADDRESS CITY, ST, ZIP	
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NAME STREET ADDRESS CITY, ST, ZIP	

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04/26/04-80198-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  4-22-04 8:3 8317176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone