


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 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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DO NOT WRITE IN THIS SPACE



07132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2388299	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

**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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, CAROLINE C 2926 VILLA ROSE PARK TAMPA, FL 33611
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09/08/05-80001-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Caroline C Hill Caroline C Hill 9-6-05 813 8317176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #