


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000045906

1. Entity Name  
PARTY CENTRAL PLUS, INC.



FILED

07 AUG -9 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RCS*



Principal Place of Business  
4808 HEATHE DRIVE  
TALLAHASSEE, FL 32309

Mailing Address  
4808 HEATHE DRIVE  
TALLAHASSEE, FL 32309

2. Principal Place of Business - No P.O. Box #  
4610 Oakshire Ct  
Suite, Apt. #, etc.

3. Mailing Address  
4610 OAKSHIRE CT  
Suite, Apt. #, etc.

08092007 Chg-P CR2E034 (12/06)

City & State  
Tallahassee, FLORIDA

City & State  
Tallahassee, FL

Zip  
32309

Country

Zip  
32309

Country

4. FEI Number  
43-1960909

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SHELDON, BRUCE  
4808 HEATHE DRIVE  
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name  
Sheldon Bruce

Street Address (P.O. Box Number is Not Acceptable)  
4610 OAKSHIRE CT.

City  
Tallahassee

FL

Zip Code  
32309

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 *Sheldon Bruce* DATE 8/9/2007

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$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.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUCE, SHELDON 2025 BUSHY HALL RD TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bruce, SHELDON 4610 Oakshire Ct Tallahassee, FL 32309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900108204559 08/17/07--01004--017 **\$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Sheldon Bruce* DATE 8/9/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #