

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036531

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: BEACHES PARTY STORE, INC.

## Current Principal Place of Business:

1059 BEACH BLVD.  
JACKSONVILLE, FL 32250

## New Principal Place of Business:

1059 BEACH BLVD.  
JACKSONVILLE BEACH, FL 32250

## Current Mailing Address:

1059 BEACH BLVD.  
JACKSONVILLE, FL 32250

## New Mailing Address:

1059 BEACH BLVD.  
JACKSONVILLE BEACH, FL 32250

FEI Number: 56-2340841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, JULIE  
3778 WAYLAND STREET  
JACKSONVILLE, FL 32277

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition  
Name: SMITH, JULIE MRS  
Address: 3778 WAYLAND STREET  
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP ( ) Change (X) Addition  
Name: CAMPBELL, NICOLE  
Address: 6206 PINE COVE LANE  
City-St-Zip: JACKSONVILLE, FL 32211

Title: ST ( ) Change (X) Addition  
Name: GUNN, JENNIFER  
Address: 11726 SHELLFISH DRIVE  
City-St-Zip: JACKSONVILLE, FL 32256

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: NICOLE CAMPBELL

VP

04/27/2004

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

\_\_\_\_\_  
Date