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Secretary of State

03-25-2004 90013 036 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000064234

1. Entity Name
GT PARTY RENTALS, INC.

66411570

Principal Place of Business	Mailing Address
1548 LANCASTER TERRACE JACKSONVILLE, FL 32204	1548 LANCASTER TERRACE JACKSONVILLE, FL 32204

01052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
800 James St Suite, Apt. #, etc.	800 James St Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32205 Country:	Zip: 32205 Country:

4. FEI Number: 06-1691366 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAY, JONATHAN L 1548 LANCASTER TERRACE JACKSONVILLE, FL 32204	Name: Michael T Swafford Street Address (P.O. Box Number is Not Acceptable): 800 James St City: Jacksonville FL Zip Code: 32205

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: Michael T Swafford 2/3/04
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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWAFFORD, MICHAEL T 1548 LANCASTER TERRACE JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O&D Swafford, Michael T 800 James St Jacksonville, FL 32205	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAY, GERALD L 1548 LANCASTER TERRACE JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O&D Gray, Gerald L 800 James St Jacksonville, FL 32205	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gray, Thomas R 1269 Miramar Ave Jacksonville, FL 32207	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Johnston, Sarah M 1269 Miramar Ave Jacksonville, FL 32207	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gray, Carol A 11322 Lake Mandarin Circle E Jacksonville, FL 32223	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gray, James R 208 Snake Rd Green Cove Springs, FL 32043	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Michael T Swafford Michael T Swafford 1/30/04 904 381 8877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #