## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000064234

Entity Name: GT PARTY RENTALS, INC.

FILED Mar 10, 2005 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
800 JAMES JACKSON\	SST. /ILLE, FL 3220	95			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
800 JAMES JACKSON\	SST. /ILLE, FL 3220	95			
FEI Number:	06-1699366	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name a				ss of New Registered Agent:	
SWAFFORD, MICHAEL T 800 JAMES ST. JACKSONVILLE, FL 32205 US			GRAY, GERALD L 800 JAMES ST. JACKSONVILLE, F		
The above in the State		ubmits this statement for the pu	pose of changing its regist	ered office or registered agent, or both,	
SIGNATUR	E: GERALD L	. GRAY		03/10/2005	
	Electronic	Signature of Registered Agent	t	Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	OD () I SWAFFORD, MIO 800 JAMES ST. JACKSONVILLE,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	OD () I GRAY, GERALD 800 JAMES ST. JACKSONVILLE,		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () [ GRAY, THOMAS 1267 MIRAMAR A JACKSONVILLE,	AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ()[ JOHNSTON, SAF 1269 MIRAMAR A JACKSONVILLE,	AVE.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () I GARY, CAROL A 11322 LAKE MAI JACKSONVILLE,	NDAND CIR. E	Title: Name: Address: City-St-Zip:	( ) Change() Addition	
Title: Name: Address: City-St-Zip:	GRAY, JAMES R 200 SNAKE RD.	Delete PRINGS, FL 32043	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: GERALD L GRAY OD 03/10/2005