

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064234

Entity Name: GT PARTY RENTALS, INC.

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

800 JAMES ST.
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

800 JAMES ST.
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 06-1699366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, GERALD L
800 JAMES ST.
JACKSONVILLE, FL 32205 US

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: OD (X) Delete
Name: SWAFFORD, MICHAEL T
Address: 800 JAMES ST.
City-St-Zip: JACKSONVILLE, FL 32205

Title: OD () Delete
Name: GRAY, GERALD L
Address: 800 JAMES ST.
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: GRAY, THOMAS R
Address: 1267 MIRAMAR AVE.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: JOHNSTON, SARAH M
Address: 1269 MIRAMAR AVE.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: GARY, CAROL A
Address: 11322 LAKE MANDAND CIR. E
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: GRAY, JAMES R
Address: 200 SNAKE RD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GRAY, THOMAS R
Address: 4017 ALCAZAR AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Change () Addition
Name: JOHNSTON, SARAH M
Address: 4017 ALCAZAR AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

PRES

04/25/2006

Electronic Signature of Signing Officer or Director

Date