

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064234

Entity Name: GT PARTY RENTALS, INC.

FILED  
Apr 15, 2008  
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: PD ( ) Delete  
Name: GRAY, GERALD L  
Address: 800 JAMES ST.  
City-St-Zip: JACKSONVILLE, FL 32205

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 GRAY

PD

04/15/2008

Electronic Signature of Signing Officer or Director

Date