


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

07-23-2004 90001 046 ***150.00

DOCUMENT # P03000103366 1. Entity Name JAN'S INFLATABLE PARTY RENTALS, INC.																													
Principal Place of Business 5944 LOOP ROAD PACE, FL 32571			Mailing Address 5944 LOOP ROAD PACE, FL 32571																										
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip		Country		Zip																									
6. Name and Address of Current Registered Agent CLARK, JANICE 5944 LOOP ROAD PACE, FL 32571				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)</small>																													
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
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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: Janice Clark 7-9-04 6994-7637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

66431410



07092004 Chg-P CR2E034 (10/03)

4. FFL Number **86-1081436** Applied For ☐ Not Applicable ☐

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

Attach ment 66431410
Doc. # 03000103366

Jan's Inflatable Party Rentals, Inc.

5944 Loop Road
Pace, FL 32571
Phone (850) 994-7637

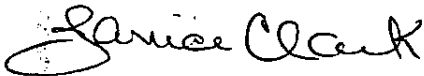
July 9, 2004

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

To Whom it May Concern:

I recently realized that I have not filed my annual report. I do not recall receiving a notice to file from the Florida Department of State as I always have. I am requesting the penalty be waived on my renewal because I did not receive a notice to file. I have enclosed a \$150 check payable to Florida Department of State to renew my corporation. If you have any questions, please contact me at (850) 994-7637. Thank you for your time and assistance.

Sincerely,



Janice Clark
Owner