

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90359 043 ***158.75

DOCUMENT # P04000022543

1. Entity Name
A PARTY FOR YOU, INC.



Principal Place of Business
9965 MIRAMAR PARKWAY
137
MIRAMAR, FL 33025 US

Mailing Address
9965 MIRAMAR PARKWAY
137
MIRAMAR, FL 33025 US

50041158



2. Principal Place of Business

3. Mailing Address

04152005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
200681700

Applied For
Not Applicable

Zip Country

Zip Country

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

CAMPBELL, VERONICA
9965 MIRAMAR PARKWAY
137
MIRAMAR, FL 33025

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2005 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

P
CAMPBELL, VERONICA
9965 MIRAMAR PARKWAY SUITE 137
MIRAMAR, FL 33025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
Alethea Mollings - Campbell ☐ Change ☒ Addition
9965 Miramar Pkw suite 137
Miramar FL 33025

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
CAMPBELL, CRAIG
9965 MIRAMAR PARKWAY SUITE 137
MIRAMAR, FL 33025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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☐ 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:

Craig Campbell CRAIG CAMPBELL

04-25-05

954-322-1788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #