


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90034 013 ***150.00

DOCUMENT # P05000042441	
1. Entity Name PARTY BOUNCE HOUSE RENTALS, INC.	

Principal Place of Business 970 N. DEER LAKE RD. AVON PARK, FL 33825	Mailing Address 970 N. DEER LAKE RD. AVON PARK, FL 33825 US
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2. Principal Place of Business - No P.O. Box # 990 N. Deer Lake RD.	3. Mailing Address 990 N. Deer Lake RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Avon Park, FL	City & State Avon Park, FL
Zip 33825	Country US



02012008 Chg-P CR2E034 (12/06)

4. FEI Number 20-3676720	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GLENN, JUSTIN T MR. 970 N. DEER LAKE RD. AVON PARK, FL 33825	

7. Name and Address of New Registered Agent	
Name Justin Glenn	
Street Address (P.O. Box Number is Not Acceptable)	
990 N. Deer Lake RD.	
City Avon Park	FL Zip Code 33825

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 **3-4-08**

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR. GLENN, JUSTIN 970 N. DEER LAKE RD. AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-08 (863) 349-0871

Date

Daytime Phone #