## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000077062

WINSLETT, CRYSTAL E

GRAND ISLAND, FL 32735

37150 SLICE LANE

Name:

Address:

City-St-Zip:

Entity Name: PARTY TYME, INC

FILED Aug 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11962 COUNTY RD. 101 11962 COUNTY RD. 101 SUITE 301 & 302 SUITE 103 THE VILLAGES, FL 32162 THE VILLAGES, FL 32162 **Current Mailing Address: New Mailing Address:** 11962 COUNTY RD. 101 11962 COUNTY RD. 101 SUITE 301 & 302 SUITE 103 THE VILLAGES, FL 32162 THE VILLAGES, FL 32162 FEI Number: 74-3220781 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARTER, KELLY S 1202 OAK HAMMOCK LANE THE VILLAGES, FL 32159 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition CARTER, KELLY S Name: Name: 1202 OAK HAMMOCK LANE Address: Address: City-St-Zip: THE VILLAGES, FL 32159 City-St-Zip: ( ) Delete Title: VP/D Title: VP/D (X) Change ( ) Addition KING, IVY J Name: KING, IVY J Name: 37150 SLICE LANE 10710 NE 27TH STREET Address: Address: GRAND ISLAND, FL 32735 City-St-Zip: City-St-Zip: OXFORD, FL 34484 ( ) Delete Title: (X) Change ( ) Addition Title: T/S T/S

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.

Name:

Address:

City-St-Zip:

WINSLETT, CRYSTAL E

10710 NE 27TH STREET

OXFORD, FL 34484

SIGNATURE: KELLY S. CARTER PRES 08/27/2009