

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P93000082516

1. Entity Name
PARTY TIME, INC.



Principal Place of Business
1119 KEY PLAZA
KEY WEST, FL 33040 US

Mailing Address
3212 EAGLE AVENUE
KEY WEST, FL 33040



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0455368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGBIE, CHARLES E
3212 EAGLE AVENUE
KEY WEST, FL 33040

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HIGBIE, CHARLES E
STREET ADDRESS	3212 EAGLE AVENUE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	VS
NAME	HIGBIE, VALERIE L.
STREET ADDRESS	3212 EAGLE AVE.
CITY-ST-ZIP	KEY WEST, FL
TITLE	V
NAME	SPRIESER, PHYLLIS J
STREET ADDRESS	5500 FIELDSTON RD.
CITY-ST-ZIP	BRONX, NY 10471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000725615
05/03/07-80029-021-150.00

**DO NOT WRITE
IN THIS SPACE**

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: Valerie L. Higbie 4/17/07 305-296-7081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #