

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000078862

1. Entity Name

PARTY CITY OF BRADENTON, INC.



Principal Place of Business

4475 14TH ST W
BRADENTON, FL 34207 US

Mailing Address

4475 14TH ST
BRADENTON, FL 34207 US



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3289149
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, EDWARD K
4475 14TH STREET W
BRADENTON, FL 34207

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UNIQUEID:050880

02/15/04-80027-021 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME WOLFE, WILLIAM A
STREET ADDRESS 1177 NO. DALE MABRY HIGHWAY
CITY-ST-ZIP TAMPA, FL 33618

TITLE V
NAME WOLFE, ELIZABETH J
STREET ADDRESS 1177 NO. DALE MABRY HIGHWAY
CITY-ST-ZIP TAMPA, FL 33618

TITLE T
NAME WOLFE, MARK W
STREET ADDRESS 1115 MARIGOLD DRIVE
CITY-ST-ZIP BRADENTON, FL 34202

TITLE V
NAME SMITH, EDWARD K
STREET ADDRESS 6115 56TH TERRACE E
CITY-ST-ZIP BRADENTON, FL 34203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/04

941-727-8887