

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000082719

1. Entity Name
BUCCANEER PARTY RENTAL, INC.



Principal Place of Business
5802 N. ARMENIA AVE.
TAMPA, FL 33603

Mailing Address
5802 N. ARMENIA AVE.
TAMPA, FL 33603

DO NOT WRITE IN THIS SPACE



07132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3278068

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$6.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOHANON, ALAN F
5802 N. ARMENIA AVE.
TAMPA, FL 33603

**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 restate)

000000166912

07/19/04-80003-017 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.103(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME BOHANON, ALAN F
STREET ADDRESS 4457 WORTHINGTON CIRCLE
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Alan F Bohanon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime phone #

07-1504

CC# 3173