2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State

DOCUMENT # P94000088354 1. Entity Name PARTY CITY OF FOWLER, INC. Principal Place of Business 1719 E. FOWLER AVENUE TAMPA, FL 33612 DO NOT WRITE IN THIS SPACE Applied For Part of Part o	<u> </u>	ANNUAL	Secretary of State			
DO NOT WRITE IN THIS SPACE Set 33612 Set 2363	1. Entity Nam	ng				
DO NOT WRITE IN THIS SPACE 4. FET Number 59-3283208 No. Chg. P. CR2E034 (11/05) 4. FET Number 59-3283208 No. Chg. P. CR2E034 (11/05) 4. FET Number 59-3283208 No. Chg. P. CR2E034 (11/05) 5. Certificate of Status Desired S. S. Certificate of Status Desired S. S. Certificate of Status Desired No. Chapter						
DO NOT WRITE IN THIS SPACE 4. FEI Number 4. FEI Number 5. Name and Address of Gurrent Registered Agent DENTON, CANDYCE F TAMPA, FL 33812 DO NOT WRITE IN THIS SPACE 6. The above named entry submits Ris statement for the purpose of changing its registered agent, or bodil, in the State of Florida, 1 am familiar with, and acceptance of large and agent. SIGNATURE FILE NOWILL FEE 18 5150,09 After May 1, 2006 Fee will be \$550,00 Trust Fund Contribution PO DO NOT WRITE IN THIS SPACE 6. The above named entry submits Ris statement for the purpose of changing its registered digent, or bodil, in the State of Florida, 1 am familiar with, and acceptance of the objections of registered agent, or bodil, in the State of Florida, 1 am familiar with, and acceptance of the objections of registered agent, or bodil, in the State of Florida, 1 am familiar with, and acceptance of the objections of registered agent, or bodil, in the State of Florida, 1 am familiar with, and acceptance of the objections of registered agent, or bodil, in the State of Florida, 1 am familiar with, and acceptance of the objection						
DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3283208	IACICA, IC.	33012	TANIFA, FL 33003			
SP3-3283208 No. Approximately 100 Sp3-3283208 Sp3-32						
S. Carrificate of Status Desired \$8.75 Accinomal Fee Required S. Name and Address of Current Registered Agent DENTON, CANDYCE F 1719 E. FOWLER AVENUE TAMPA, FL 33612 SIGNATURE FILE NOWITH FEE 15 \$150,00 After May 1, 2006 Fee will be \$550.00 OFFICIENS AND DIRECTORS 10. OFFICIENT AND DIRECTORS 10.	£	O NOI WRITE	4. FEI Number Applied For			
DENTON, CANDYCE F 1719 E FOWLER AVENUE TAMPA, FL 33612 By Le Rouver named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Fictida. I am lamiliar with, and accertified objections of registered agent, or both, in the State of Fictida. I am lamiliar with, and accertified objections of registered agent. SIGNATURE By Le Now With FEE 15 \$150,00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS					59-3283208 Not Applicable	
DENTON, CANDYCE F 1719 E. FOWLER AVENUE TAMPA, FL 33612 DO NOT WRITE IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorlda, 1 am familiar with, and accentrate objections of registered agent. SIGNATURE Purpose of particles of the purpose of changing its registered agent, or both, in the State of Rorlda, 1 am familiar with, and accentrate objections of registered agent. Purpose of changing its registered agent, or both, in the State of Rorlda, 1 am familiar with, and accentrate objections of registered agent, or both, in the State of Rorlda, 1 am familiar with, and accentrate objections of registered agent, or both, in the State of Rorlda, 1 am familiar with, and accentrate objections of registered agent, or both, in the State of Rorlda, 1 am familiar with, and accentrate objections of registered agent, or both, in the State of Rorlda, 1 am familiar with, and accentrate objections of the state of Rorlda, 1 am familiar with, and accentrate objections of Rorlda, 2 am familiar with, and accentrate objections of Rorlda, 2 am familiar with, and accentrate objections of Rorlda, 2 am familiar with, and accentrate objections of Rorlda, 3 am familiar with, and accentrate objections of Rorlda, 3 am familiar with, and accentrate objections of Rorlda, 3 am familiar with, and accentrate objections of Rorlda, 3 am familiar with, and accentrate objections of Rorlda, 3 am familiar with, and accentrate objections of Rorlda, 3 am familiar with, and accentrate objections of Rorlda, 3 am familiar with, and accentrate objections of Rorlda, 3 am familiar with, and accentrate objections of Rorlda, 3 am familiar with, and accentrate objections of Rorlda, 3 am familiar with, and accentrate objections of Rorlda, 3 am familiar with, and accentrate objections of Rorlda, 3 am familiar with, and accentrate objections of Rorlda, 3 am familiar with, and accentrate objections of Rorlda, 3 am familiar with, and accentrate objections of Rorlda, 3 am						
DENTON, CANDYCE F 1719 E. FOWLER RYENUE TAMPA, FL 33612 8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Rollda. I am familiar with, and accentive obligations of registered agent, or both, in the State of Rollda. I am familiar with, and accentive obligations of registered agent, or both, in the State of Rollda. I am familiar with, and accentive obligations of registered agent, or both, in the State of Rollda. I am familiar with, and accentive obligations of registered agent, or both, in the State of Rollda. I am familiar with, and accentive obligations of registered agent, or both, in the State of Rollda. I am familiar with, and accentive obligations of registered agent, or both, in the State of Rollda. I am familiar with, and accentive obligations of registered agent, or both, in the State of Rollda. I am familiar with, and accentive obligations of registered agent, or both, in the State of Rollda. I am familiar with, and accentive obligations of registered agent, or both, in the State of Rollda. I am familiar with, and accentive obligations of registered agent, or both, in the State of Rollda. I am familiar with, and accentive obligations of registered agent, or both, in the State of Rollda. I am familiar with, and accentive obligations of registered agent, or both, in the State of Rollda. I am familiar with, and accentive obligations of registered agent, or both, in the State of Rollda. I am familiar with, and accentive obligations of registered agent, or both, in the State of Rollda. I am familiar with, and accentive obligations of registered agent, or both, in the State of Rollda. I am familiar with, and accentive obligations of registered agent, or both, in the State of Rollda. I am familiar with, and accentive obligations of registered agent, or both, in the State of Rollda. I am familiar with, and accentive obligations of Rollda. Interview of Rolldania obligations of Rolldania obligations of Rolldania obligations of Rolldania ob		6. Name and Address of Current R	edistered Apent		Fee Required	
TAMPA, FL 33612 8. The above named withy 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 accentive obligations of registered agent. SIGNATURE Signature Signature Spread office or pretarement all registered agent and the familiar with and accentive obligations of registered agent. PLE NOWILL FEE 15 \$150,00 After May 1, 2006 Fee will be \$550.00 10. CFFICERS AND DIRECTORS 10. CFFICERS AND DIREC				1		
TAMPA, FL 33612 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, it am familiar with, and accent the obligations of registered agent. SIGNATURE Signature S				}	DO NOT WRITE	
8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accentine obligations of registered agent. SIGNATURE Suprature, typed or privat name of registered agent end file if applicable NOTE Registered agent engagent encounter of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accentine of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accentine of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accentine of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accentine of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accentine of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accentine of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accentine of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accentine of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accentine of Florida. In the Florida of Florida. In the Florida of Flor			.s.	}	· - · · · - · · · · · · · · · · · · · ·	
8. The above named entry submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accentified obligations of registered agent. SIGNATURE Suppose of participations of registered agent. Plant Properties	I AIVIPA, F	L 33012		}	IN THIS SPACE	
SIGNATURE Signature Signa				}		
SIGNATURE Signature Signa						
THE NOW! III FEE IS \$150.00 Pricers And DIRECTORS 10. OFFICERS AND DIRECTORS 1719 E. FOWLER AVENUE TAMPA, FL 33612 1719 E. FOWLER AVENUE TAMPA FL 33612 1719 E. FOWLER AVEN	b. 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.					
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 1012 MAME DENTON, CANDYCE F TAMPA, FL 33612 1719 E. FOWLER AVENUE TAMPA, FL 33612 1718 E. POWLER AVENUE TAMPA, FL 33612 1718 E. POWLER AVENUE TAMPA, FL 33612 1719 E. FOWLER AVENUE TAMPA, FL 336						
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ITILE PD MAME DENTON, CANDYCE F STREET ADDRESS 1719 E. FOWLER AVENUE TAMPA, FL 33812 VD DENTON, KEVIN 1719 E. FOWLER AVENUE TAMPA, FL 33812 TRILE TOTAL STREET ADDRESS CITY-ST-2P	Signature, typed or priviled name of registered agent and their applicable (NOTE Registered Agent signature required when reinstaling) OATE					
IDLE MAME MAME STREET ADDRESS CITY-ST-2P TRUE NAME STREET ADDRESS CITY-ST-2P TRUE N						
DENTON, CANDYCE F 1719 E. FOWLER AVENUE TAMPA, FL 33812 VD DENTON, KEVIN 1719 E. FOWLER AVENUE TAMPA, FL 33812 DENTON, KEVIN 1719 E. FOWLER AVENUE TAMPA, FL 33812 DO NOT WRITE INTE INTE INTHIS SPACE TRILE INTHIS SPACE TRI			RECTORS	1		
STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33812 TOURS TAMPA, FL 33812 DO NOT WRITE IN THIS SPACE TOURS TOURS CITY-ST-ZIP TOURS TREET ADDRESS CITY-ST-ZIP				1	ነ እንዲታ መመው የሚያ የመፈር ላይ ተ	
TITLE VD STREET ADDRESS CITY-ST-ZP TITLE NAME SAME SAME SAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP	- 1	t .		I	7 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1	
NAME STREET ADDRESS CITY-ST-ZPP TAMPA, FL 33612 DENTON, KEVIN 1719 E. FOWLER AVENUE TAMPA, FL 33612 DO NOT WRITE INTEL ADDRESS CITY-ST-ZIP TREE ADDRESS CITY-ST-ZIP	City-St-zip	· –	-	1	021.121.0000000000000000000000000000000	
STREST ADDRESS CITY-ST-ZP TAMPA, FL 33612 DO NOT WRITE IN THIS SPACE STREST ADDRESS CITY-ST-ZIP TILLE NAME STREST ADDRESS CITY-ST-ZIP TILLE NAME STREST ADDRESS CITY-ST-ZIP TILLE NAME STREST ADDRESS CITY-ST-ZIP TILLE NAME STREST ADDRESS CITY-ST-ZIP TILLE NAME STREST ADDRESS CITY-ST-ZIP TILLE NAME STREST ADDRESS CITY-ST-ZIP	mu	VD		1		
CITY-ST-ZIP TAMPA, FL 33612 ICILE NAME SIPELF ADDRESS CITY-ST-ZIP CITLE SIREET ADDRESS CITY-ST-ZIP CITLE NAME SIREET ADDRESS CITY-ST-ZIP CITLE NAME SIREET ADDRESS CITY-ST-ZIP CITLE NAME SIREET ADDRESS CITY-ST-ZIP CITLE SIREET ADDRESS CITY-ST-ZIP CITLE SIREET ADDRESS CITY-ST-ZIP CITLE SIREET ADDRESS CITY-ST-ZIP						
TITLE NAME SIRELI ADURESS CITY-ST-ZIP TITLE MAME SIRELI ADURESS CITY-ST-ZIP TITLE NAME SIRELI ADURESS CITY-ST-ZIP	,		<u>=</u>	ł		
NAME SIREE ADDRESS CITY-ST-21P TITLE MAME SIREE ADDRESS CITY-S1-21P TITLE NAME STREET ADDRESS CITY-S1-21P TITLE NAME STREET ADDRESS CITY-S1-21P TITLE NAME STREET ADDRESS CITY-S1-21P		TAINEA, EC 33812		1		
CITY-ST-ZIP TICLE MAME SIREET ADDRESS CITY-ST-ZIP TICLE NAME STREET ADDRESS CITY-ST-ZIP TICLE NAME STREET ADDRESS CITY-ST-ZIP TICLE NAME STREET ADDRESS CITY-ST-ZIP				I		
TITLE MAME SIREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP	STREET ADDRESS			{	DO NOT WOITE	
SIREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME SIREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		_ 	i	DO NOT WRITE	
SIREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME SIREET ADDRESS CITY-ST-ZIP]	IN THIS SPACE	
City-St-ZiP Cittle NAME STREEL ADDRESS City-St-ZiP TILE NAME SIREET ADDRESS City-St-ZiP	J			l	0.7.02	
NAME STREET ADDRESS CVTY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-ZIP				}		
STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			•		
CXTY-ST-ZIP TILE NAME STREET ADDRESS CTTY-ST-ZIP	1			Į.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			i		
NAME STITEET ADDRESS CITY-ST-ZIP				ł		
STREET ADDRESS CITY-ST-ZIP	₹			1		
	,			ļ		
12. Thereby certify that the information supplied with this filing does not quality 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 it made under oath, that I am an officer or direction of the receiver or trustee employees to execute this agrort as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 chapter an attachment with a address, with all other like employees.	CITY-ST-ZIP			1		
	12. I hereby coindicated of the corporated changed,	ertify that the information supplied with the on this report or supplemental report is to contain or the receiver or trustee amount or on an attachment with an address, with	is filing does not quality for the exe ue and accurate and that my signat upod to execute this report as requir yall other like empowered.	emptions contained ure shall have the s red by Chapter 607	in Chapter 119, Florida Statutes. I further certify that the information same legal effect as it made under path, that I am an officer or director , Florida Statutes; and that my name appears in Block 10 or Block 11 if	