

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90006 010 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000103588

1. Entity Name
PARTY MARKET INC.



Principal Place of Business
**9421 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837**

Mailing Address
**9421 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837**

DO NOT WRITE IN THIS SPACE



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3430513

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KLEINSTEUBER, OSKAR
9305 WESTOVER CLUB CIRCLE
WINDERMERE, FL 34786**

**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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

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 **P**
NAME **KLEINSTEUBER, OSKAR**
STREET ADDRESS **9305 WESTOVER CLUB CIRCLE**
CITY- ST- ZIP **WINDERMERE, FL 34786**

TITLE **V**
NAME **KLEINSTEUBER, MARYANN**
STREET ADDRESS **9305 WESTOVER CLUB CIRCLE**
CITY- ST- ZIP **WINDERMERE, FL 34786**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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 exemptions contained in Chapter 118, 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 persons empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 1-25-07 4074382904