Party On, Inc.



DO NOT WRITE IN THIS SPACE

FILED 04 MAY -6 AM 9: 34

					TALLA	
2. Principal P	lace of Business	3. Mailing Address			,	
•	3 55th Avenue Eas				DEMICTATEMENT 17211	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite. Apt. # etc		REINSTATEMENT 03-34	
City & State		City & State			4. FEI Number Applied For	
Bradenton, F1					59-3544142 Not Applicable	
Zip Country		Zip Country		rv	¢0.75	
34203 USA			33411.)		5. Certificate of Status Desired Fee Required	
	0011	I			7. Name and Address of Current Registered Agent	
				Name		
	DO NOT W	/DITE		Rei	nicke, Stephanie A.	
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE				1800 Second St.		
to to so with a		IAUL				
	•			City	Zip Code	
Car Color Color of the				Sara	Sot 3 34236	
8. The above	named entity submits this statement	for the purpose of changing	its registere	d office or register	red agent, or both, in the State of Florida. I am familiar with, and accept	
the obligat	ions of registered agent.					
					4-28-04	
SIGNATURE .	Signature, typed or printed name of registered age	at and title if explicable	NOTE: Designation			
	nuary 1 - May 1 Fee is \$150.00	nt and the it applicable. (NOTE: Hegistered	Agent signature required	d when reinstating) DATE	
Jai	After May 1, Fee is \$550.00				9. Election Campaign Financing \$5.00 May Be	
4.00	Amended UBR is \$61.25				Trust Fund Contribution. Added to Fees	
Make Check	Payable to Florida Department	of State				
10.	OFFICERS AN	D DIRECTORS				
TITLE	D		TITLE			
NAME	Quillen, Micha	el I.	NAME		800036273638	
STREET ADDRESS	7228 55th Ave		STREE	ET ADDRESS	800036273638 05/13/0401067014 **150.00	
CITY-ST-ZIP	Bradenton, F1		спу-	ST-ZIP		
TITLE -	Diagenton, Fi	34203	TILE	emigraph is the state of	800036273638	
NAME	-	_	NAME		05/13/0401067015 **750.00	
STREET ADDRESS	Gowan, Michael			T AODRESS		
CITY-ST-ZIP	7228 55th Ave		A HERENTEEN A	ST-ZIP		
TITLE	Bradenton, Fl	-34203	(2000-9-2014) (2000-9-2014)	APORT WASHINGTON TO SERVICE THE STATE OF THE SERVICE OF THE SERVIC		
NAME			TITLE	UNION CONVENCED CENTRAL		
STREET ADDRESS			All the best of the second	TADDRESS		
CITY-ST-ZIP			4.50	ST-ZIP	DO NOT WRITE	
		*	Althority (Althority)			
TITLE NAME			TITLE		IN THIS SPACE	
STREET ADDRESS	` \		NAME	ALL STATE OF SELECTION AND ADDRESS.		
CITY-ST-ZIP	,		A. 排版 - Las	T ADDRESS		
	1		g in a second consistency of the second cons	ST-ZIP		
TITLE	\		TITLE			
NAME	,	•	NAME			
STREET ADDRESS			25.0000000000	T ADDRESS		
CITY-ST-ZIP			CITY	ST-ZIP		
TITLE			TITLE			
NAME			NAME			
STREET ADDRESS			STREE	T ANDRESS		

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 on an attachment with an address, with all other like empowered.

CITY ST ZIP

SIGNATURE:

CITY-ST-ZIP

941- 923-8896 Daytime Phone #