2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000008300

Entity Name
PARTY CITY OF ST. PETERSBURG, INC.

SIGNATURE:



FILED May 06, 2004 8:00 am Secretary of State

05-06-2004 90187 035 ***150.00

44444000 Principal Place of Business Mailing Address 30829 IVERSON DRIVE 8051 A 9TH ST. NORTH SAINT PETERSBURG, FL 33702 WESLEY CHAPEL, FL 33543 3. Mailing Address 3813 West-Carmen St 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 05032004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 7/orida 59-3561294 ampa Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Venton DENTON, CANDYCE F 30829 EVERSON DR WESLEY CHAPEL, FL 33543 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD ☐ Delete TITLE Change ☐ Addition LEVINS, EDWARD J NAME NAMÉ. 1318 BRIAR CLIFF RD. STREET ADDRESS STREET ADDRESS RAINBOW CITY, AL 35906 CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change Addition LEVINS, RUSSELL J MARKE NAME 3401 D SANDER CT. STREET ADDRESS STREET ADDRESS CITY-ST-7IP HOMEWOOD, AL 35209 CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE Denton, Candyce DENTON, CANDYCE NAME NAME 30829 Fuerson Dr. STREET ADDRESS STREET ADDRESS 30829 IVERSON DRIVE wedley Chapel, 71. *335*43 CITY-ST-ZIP WESLEY CHAPEL, FL 33543 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE DENTON, KEVIN NAME NAME 30829 IVERSON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33543 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR