

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P99000008300

1. Entity Name

PARTY CITY OF ST. PETERSBURG, INC.



Principal Place of Business

8051 A 9TH ST. NORTH
SAINT PETERSBURG, FL 33702

Mailing Address

3813 WEST CARMEN STREET
TAMPA, FL 33609



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3561294** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DENTON, CANDYCE F
30829 IVERSON DR
WESLEY CHAPEL, FL 33543

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEVINS, EDWARD J
STREET ADDRESS	1318 BRIAR CLIFF RD.
CITY-ST-ZIP	RAINBOW CITY, AL 35906
TITLE	VD
NAME	DENTON, CANDYCE
STREET ADDRESS	30829 IVERSON DRIVE
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	ST
NAME	DENTON, KEVIN
STREET ADDRESS	30829 IVERSON DRIVE
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000551457
05/13/06-80099-025 150.00

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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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/27/06 813-973-4905