

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
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



03242008 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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000896080
04/24/08-80094-006 150.00

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	

**DO NOT WRITE
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 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

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/08 813-973-4905
Date Daytime Phone