2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000057133

Entity Name: PARTY CITY OF COUNTRYSIDE, INC

FILED Mar 25, 2009 Secretary of State

Entity Nai	me: PARTY C	ITY OF COUNTRYSIDE, INC.			
Current P	rincipal Place	of Business:	New Principal Place o	of Business:	
	HWY 19 NOR' ATER, FL 3370				
Current M	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
26252 US HWY 19 NORTH CLEARWATER, FL 33761			P. O. BOX 474003 CHARLOTTE, NC 282	P. O. BOX 474003 CHARLOTTE, NC 282474003	
FEI Number:	: 59-3583908	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of	New Registered Agent:	
HARRINGTON, WILLIAM J 26252 US HWY 19 NORTH CLEARWATER, FL 33761 US			HARRINGTON, WILLIA 2210 BAYOU DRIVE HOLIDAY, FL 34691		
	named entity see of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				03/25/2009	
	Electror	ic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () HARRINGTON, 26252 US HWY CLEARWATER	′ 19 NORTH	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DST () HARRINGTON, 26252 US HWY CLEARWATER	′ 19 NORTH	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPD () KENNETH, MAF 26252 US HWY CLEARWATER	′ 19 NORTH	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPD () MARTIN, ROSE 26252 US HWY CLEARWATER	′ 19 NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SALLY A. HARRINGTON DST 03/25/2009

HARRINGTON, ROSE M

26252 US HWY 19 NORTH

CLEARWATER, FL 33761

Name:

Address:

City-St-Zip: