

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # V56764

1. Entity Name
THE PARTY EXCHANGE, INCORPORATED



Principal Place of Business
**2436 S VOLUSIA AVE
ORANGE CITY, FL 32763 US**

Mailing Address
**2436 S VOLUSIA AVE
ORANGE CITY, FL 32763 US**



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3137450

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WOOD, BARBARA JOYCE
2436 S VOLUSIA AVE
ORANGE CITY, FL 32763**

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	WOOD, BARBARA JOYCE
STREET ADDRESS	1065 E. GAUCHO CIR.
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	VPT
NAME	WOOD, BARBARA A.
STREET ADDRESS	1065 E. GAUCHO CIR.
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	T
NAME	DARCH, MICHAEL C.
STREET ADDRESS	1065 E. GAUCHO CIR.
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000740936
05/15/07-80008-014 150.00

**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:

Michael C. Darch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-07 386-26-4665
Date Daytime Phone #