

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011075

FILED
May 12, 2008
Secretary of State

Entity Name: YE MYSTIC KREWE OF MARGARITAVILLE INC.

Current Principal Place of Business:

2529 KRUEGER LN.
TAMPA, FL 33618

New Principal Place of Business:

5605 LEGACY CRESENT PL
APT 107
RIVERVIEW, FL 33569

Current Mailing Address:

2529 KRUEGER LN.
TAMPA, FL 33618

New Mailing Address:

5605 LEGACY CRESENT PL
APT 107
RIVERVIEW, FL 33569

FEI Number: 20-8224571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAMILTON, JAMES
2529 KRUEGER LN.
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

KEMMELING, DAN D
5605 LEGACY CRESENT PL
APT 107
RIVERVIEW, FL 33569 US

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.

SIGNATURE: DAN KEMMELING

05/12/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BEUER, CEE
Address: 3604 W. DALE
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: EZZELL, PAULA
Address: 3313 W.NAPOLEON AVE.
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: FARINA, DEBI
Address: 5605 LEGACY CRESCENT PL.,APT. 103
City-St-Zip: RIVERVIEW, FL 33569

Title: D (X) Delete
Name: HAMILTON, DONNA
Address: 2529 KRUEGER LN.
City-St-Zip: TAMPA, FL 33618

Title: D (X) Delete
Name: HAMILTON, JAMES
Address: 2529 KRUEGER LN.
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: KEMMELING, DAN
Address: 5605 LEGACY CRESCENT PL, APT. 103
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN KEMMELING

D

05/12/2008

Electronic Signature of Signing Officer or Director

Date