

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005986

**Entity Name:** KREWE OF PAIR O'DICE, INC.

**Current Principal Place of Business:**

1315 OAKFIELD DR  
#970  
BRANDON, FL 33509

**Current Mailing Address:**

P O BOX 975  
SEFFNER, FL 33583 US

**FEI Number:** 59-3349506

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PAINTON, YVONNE M  
1315 OAKFIELD DR  
#970  
BRANDON, FL 33509 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MARSICANO, WALTER R  
Address P O BOX 975  
City-State-Zip: SEFFNER FL 33583

Title DIRECTOR  
Name TURCHIARELLI, MIKE  
Address P O BOX 975  
City-State-Zip: SEFFNER FL 33583

Title SECRETARY  
Name SCHOCK, CHRISANNE M  
Address P O BOX 975  
City-State-Zip: SEFFNER FL 33583

Title PRESIDENT  
Name SUBERO, ERIKA L  
Address P O BOX 975  
City-State-Zip: SEFFNER FL 33583

Title TREASURER  
Name GUASTELLA, ANN H  
Address P O BOX 975  
City-State-Zip: SEFFNER FL 33583

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANN GUASTELLA

**TREASURER**

**03/31/2019**

Electronic Signature of Signing Officer/Director Detail

Date