

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005986

**Entity Name:** KREWE OF PAIR O'DICE, INC.**Current Principal Place of Business:**2333 MCINTOSH ROAD  
DOVER, FL 33527**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  
2333 MCINTOSH ROAD  
DOVER, FL 33527 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	D
Name	PAINTON, YVONNE M
Address	P O BOX 975
City-State-Zip:	SEFFNER FL 33583

Title	D
Name	PAINTON, SCOTT M
Address	P O BOX 975
City-State-Zip:	SEFFNER FL 33583

Title	D
Name	GOMEZ, BENNY M
Address	PO BOX 975
City-State-Zip:	SEFFNER FL 33583

Title	D
Name	GOMEZ, NANCY L
Address	P O BOX 975
City-State-Zip:	SEFFNER FL 33583

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

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

Title	DIRECTOR
Name	GUASTELLA, LAWRENCE G
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: YVONNE M. PAINTON****DIRECTOR****01/11/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date