

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005986

Entity Name: KREWE OF PAIR O'DICE, INC.**Current Principal Place of Business:**13014 N DALE MABRY HWY STE 326
TAMPA, FL 33618**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
13014 N DALE MABRY HWY STE 326
TAMPA, FL 33618 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	NEWLIN, PAUL
Address	P O BOX 975
City-State-Zip:	SEFFNER FL 33583

Title	D
Name	MCLEAN, DANIEL
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

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 PAINTON**DIRECTOR****03/07/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date