
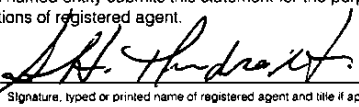
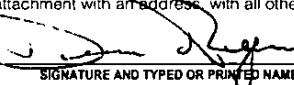


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90164 042 \*\*\*\*61.25

<b>DOCUMENT # 748685</b> 1. Entity Name YE MYSTIC KREWE OF NEPTUNE, INC.					
Principal Place of Business 601 79TH CRC SOUTH ST PETERSBURG, FL 33707 US			Mailing Address P.O. BOX 16401 ST PETERSBURG, FL 33733 US		
2. Principal Place of Business - No P.O. Box # <b>1397 22 STREET NORTH</b>		3. Mailing Address <b>1397 22 STREET NORTH</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>ST. PETERSBURG FL</b>		City & State <b>ST. PETERSBURG FL</b>		4. FEI Number <b>59-2015529</b>	
Zip <b>33713</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BARFIELD, SAM</b> <b>7865 CAUSEWAY BLVD NORTH</b> <b>SAINT PETERSBURG, FL 33707</b>		7. Name and Address of New Registered Agent Name <b>STEPHEN H. TONDREAU, CPA.</b> Street Address (P.O. Box Number is Not Acceptable) <b>610 GARCIA &amp; UNTIL, PA.</b> <b>888 EXECUTIVE CENTER DRIVE #101</b> City <b>ST PETERSBURG FL</b> Zip Code <b>33702</b>			
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  <b>STEPHEN H. TONDREAU</b> <b>4/20/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61:25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to - Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PHILLIPS, TOM 3022 OAK COVE DR CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALAN SUAN 5910 TREVORS WAY TAMPA FL 33625
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COFFMAN, DON 341 6TH AVE N SAINT PETERSBURG, FL 33715	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DENNIS REGAN 1250 GULF BLVD #201 CLEARWATER FL 33767
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NOLAN, ED 218 SKIFF PT CLEARWATER BEACH, FL 33767	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WYCKOFF, MICHAEL 161 131ST AVE CIRCLE MADEIRA BEACH, FL 33708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 617, 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:  <b>DENNIS J. REGAN, TREASURER</b> <b>4/24/07 727-586-8659</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					