## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000000539

Entity Name: KREWE OF AQUATICA, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6054 ELECTRA LANE 11742 CHANTICLEER DR
PENSACOLA, FL 32507 PENSACOLA, FL 32507 91

Current Mailing Address: New Mailing Address:

6054 ELECTRA LANE 11742 CHANTICLEER DR PENSACOLA, FL 32507 PENSACOLA, FL 32507 91

FEI Number: 59-3623348 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SPARBY, SHARI 11742 CHANTICLEER DR PENSACOLA, FL 32507 US

**OFFICERS AND DIRECTORS:** 

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

## Electronic eignature or registereu?

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 MAYO, BILL
 Name:
 MANZI, SKIP

 Address:
 14300 GORHAM RD
 Address:
 957 SPANISH MOSS DRIVE

 City-St-Zip:
 PENSACOLA, FL 32507
 City-St-Zip:
 PENSACOLA, FL 32506

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SPARBY, SHARI
 Name:

 Address:
 11742 CHANICLEER DR
 Address:

 City-St-Zip:
 PENSACOLA, FL 32507
 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 MATHIS, DON
 Name:
 MCCAFFREY, KATHY

 Address:
 3625 SERATINE COURT
 Address:
 6028 CHANDELLE CIRCLE

 City-St-Zip:
 PENSACOLA, FL 32506
 City-St-Zip:
 PENSACOLA, FL 32507

 Name:
 BIZKO, MARJIE
 Name:
 HASKINS, KATHY

 Address:
 5842 UCITA AVENUE
 Address:
 10076 NELLE AVE

 City-St-Zip:
 PENSACOLA, FL 32507
 City-St-Zip:
 PENSACOLA, FL 32507

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHARI SPARBY SD 04/29/2005