


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000005251</b> 1. Entity Name THE KREWE OF BREWE, INC	
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Principal Place of Business 3865 NORTH PALAFOX STREET PENSACOLA, FL 32505	Mailing Address 3865 NORTH PALAFOX STREET PENSACOLA, FL 32505
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**DO NOT WRITE IN THIS SPACE**



02252004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3686952	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  VERMEHREN, RICK 3865 N. PALAFOX STREET PENSACOLA, FL 32505	<b>DO NOT WRITE IN THIS SPACE</b>
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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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000077361 03/05/04-80039-004 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HESS, MICHAEL D 3865 NORTH PALAFOX STREET PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOISSEAU, GUY 3865 NORTH PALAFOX STREET PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCRIBNER, GEORGE R 3865 NORTH PALAFOX STREET PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VERMEHREN, RICK 3865 NORTH PALAFOX STREET PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

<b>SIGNATURE:</b> <i>Rick VerMehe</i> RICK VERMEHREN	3/01/04 850469921
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>