

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008099

FILED
Apr 25, 2006
Secretary of State

Entity Name: KREWE OF ANDRES DE PEZ, INC.

Current Principal Place of Business:

151 W. ROMANA STREET
SUITE 800
PENSACOLA, FL 325910252

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 252
PENSACOLA, FL 325910252

New Mailing Address:

FEI Number: 58-2587196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COVELL, SCOTT
34990 EMERALD COAST PARKWAY
SUITE 301
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STAFFORD, WILLIAM
Address: P.O. BOX 252
City-St-Zip: PENSACOLA, FL 325910252

Title: D () Delete
Name: GUNTHER, FRED
Address: P.O. BOX 252
City-St-Zip: PENSACOLA, FL 325910252

Title: D () Delete
Name: VIGODSKY, CRAIG
Address: P.O. BOX 252
City-St-Zip: PENSACOLA, FL 325910252

Title: D () Delete
Name: MCGAHAGAN, MICHAEL
Address: 1005 FARMINGTON ROAD
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: MABRY, JODY
Address: P.O. BOX 252
City-St-Zip: PENSACOLA, FL 325910252

Title: D () Delete
Name: SNYDER, SHAWN
Address: P.O. BOX 252
City-St-Zip: PENSACOLA, FL 325910252

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCGAHAGAN, MICHAEL
Address: P.O. BOX 252
City-St-Zip: PENSACOLA, FL 325910252

Title: V (X) Change () Addition
Name: GUNTHER, FRED
Address: P.O. BOX 252
City-St-Zip: PENSACOLA, FL 325910252

Title: T (X) Change () Addition
Name: GIRARDIN, DANILE
Address: P.O. BOX 252
City-St-Zip: PENSACOLA, FL 325910252

Title: D (X) Change () Addition
Name: JONES, JASON
Address: 1005 FARMINGTON ROAD
City-St-Zip: PENSACOLA, FL 32504

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DANIEL J. GIRARIDN

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04/25/2006

Electronic Signature of Signing Officer or Director

Date