


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N0100000907
 1. Entity Name
KREWE OF TRONANDO, INC.



Principal Place of Business: **2137 W M.L. KING BLVD TAMPA FL 33607**
 Mailing Address: **P.O. BOX 1186 TAMPA FL 33601**

2. Principal Place of Business: Suite, Apt #, etc.
 3. Mailing Address: Suite, Apt #, etc.
 City & State: _____
 Zip: _____ Country: _____



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
BERGMANN, FREDERICK J
2137 W M.L. KING BLVD
TAMPA FL 33607

4. FEI Number: **NO-T APPLICABLE**
 Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating)
 DATE: _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BERGMANN, FREDERICK J	
STREET ADDRESS	2137 W M.L. KING BLVD	
CITY - ST - ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCOSKRIE, JOHN H	
STREET ADDRESS	2137 W M.L. KING BLVD	
CITY - ST - ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	RATHLE, JOYCE MICHELE	
STREET ADDRESS	2137 W M.L. KING BLVD	
CITY - ST - ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLMAND, DAVID	
STREET ADDRESS	2137 W M.L. KING BLVD	
CITY - ST - ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U00000021101
 01/29/04-80093-019 61.25

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.

SIGNATURE: David C. Allmand 1/26/2004 813-887-1424
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #