


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

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90221 013 ****70.00

DOCUMENT # N01000002800 1. Entity Name THEE ROYAL KREWE OF LADY KILLIGREW, INC.			
Principal Place of Business 2367 BENT TREE RD. PALM HARBOR FL 34683		Mailing Address P. O. BOX 6007 PALM HARBOR FL 34684-6070	
2. Principal Place of Business 401 Channelside Walk Way N/A		3. Mailing Address P.O. Box 1346 N/A	
City & State Tampa, FL		City & State Tampa FL	
Zip 33602		Zip 33601-1346	
Country USA		Country USA	
4. FEI Number 59-3711563			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MICHAELS, MARYBETH 2343 CLUBSIDE CT PALM HARBOR FL 34683		7. Name and Address of New Registered Agent Name Marybeth Michaels Street Address (P.O. Box Number is Not Acceptable) 401 Channelside Walk Way City Tampa FL Zip Code 33602	
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: by: Marybeth Michaels - Pres Date: 4/15/04 <small>Signature, typed or printed name of registered agent and title (Applicable). (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHAELS, MARYBETH 2343 CLUBSIDE CT PALM HARBOR FL 34683	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THERESE, SABRE 130 PATRICIA AVENUE #90 DUNEDIN FL 34698	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRENCH, CINDY 5218-3 BAYSHORE BLVD. TAMPA FL 33611	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Marybeth Michaels 401 Channelside Walk Way Tampa FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: by: Marybeth Michaels - Pres Date: 4/15/04			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



MOORE CR2E037 (11/03)

Date Daytime Phone #