2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004
Secretary of State

DOCUMENT# N01000006648

Entity Name: YE NOBLE KREWE OF FAMHAIR, INC.

Current Principal Place of Business:

17805 FALLOWFIELD DR.
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

17805 FALLOWFIELD DR.
LUTZ, FL 33549 US

New Mailing Address:

FEI Number: 57-1156426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITE, CHRISTOPHER D
17805 FALLOWFIELD DR.
LUTZ, FL 33549 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: D ( ) Delete
Name: WHITE, CHRISTOPHER D
Address: 17805 FALLOWFIELD DR.
City-St-Zip: LUTZ, FL 33549 US

Title: D ( ) Delete
Name: RIDGE, GORDON A
Address: 3002 W. CLEVELAND ST., UNIT A5
City-St-Zip: TAMPA, FL 33609

Title: D (X) Delete
Name: BARBER, JEANABETH A
Address: 17805 FALLOWFIELD DR.
City-St-Zip: LUTZ, FL 33549 US

Title: D (X) Delete
Name: VANDERKAM, JILL M
Address: 413 GLEN RIDGE AVE.
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: BARBER, JEANABETH A
Address: 17805 FALLOWFIELD DR.
City-St-Zip: LUTZ, FL 33549

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 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: CHRISTOPHER D. WHITE PRES 01/23/2004

Electronic Signature of Signing Officer or Director — Date