2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006500

Entity Name: KREWE OF THE HIBISCUS INC.

FILED Apr 16, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

PO BOX 21685

TAMPA, FL 336221685

Current Mailing Address: New Mailing Address:

PO BOX 21685 TAMPA, FL 336221685

FEI Number: 42-1554792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NIPPER, BILL 1717 W. HILLS AVE TAMPA, FL 33606 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete THOMPSON, WAYNE L CAPTAIN Name:

Address: 1707 VILLAGE COURT City-St-Zip: BRANDON, FL 33511

Title: () Delete

Name: NIPPER, BILL Address: 1717 W HILLS AVE City-St-Zip: TAMPA, FL 33606

Title: () Delete LONG, JOAN PURSER Name: 197 GULF WAY Address: City-St-Zip: OLDSMAR, FL 34677

Title: (X) Delete Name: THOMPSON, VICTORIA L

Address: 1707 VILLAGE CT City-St-Zip: BRANDON, FL 33511

(X) Change () Addition THOMPSON, VICTORIA L CAPTAIN Name:

Address: 1707 VILLAGE COURT City-St-Zip: BRANDON, FL 33511

Title: (X) Change () Addition

Name: NIPPER, BILL 1STMATE Address: 1717 W HILLS AVE City-St-Zip: TAMPA, FL 33606

Title: (X) Change () Addition NIPPER, MARY E 2NDMATE Name:

Address: 1717 W. HILLS AVE City-St-Zip: TAMPA, FL 33606

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: BILL NIPPER 1MAT 04/16/2005