

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000000337	
1. Entity Name KREWE OF LES BELLES FEMMES, INC.	
Principal Place of Business 16801 ASHWOOD DRIVE TAMPA, FL 33624	Mailing Address 16801 ASHWOOD DRIVE TAMPA, FL 33624



DO NOT WRITE IN THIS SPACE

01242005 No Chg-NP CR2E037 (10/03)

4. FEI Number 57-1148352	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KING, SUSAN
16801 ASHWOOD DRIVE
TAMPA, FL 33624

**DO NOT WRITE
IN THIS SPACE**

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 Susan King Susan King 2/19/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, SUSAN 16801 ASHWOOD DRIVE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURRAY, KIM 1200 N. DALE MABRY HWY SUITE 140 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, NORA LEE 16130 COUNTRY CORSSING DRIVE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, PAT 2507 WHISPER LANE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COBBE, LINDA 1001 SAMY DRIVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, ERIN 2287 FLETCHER POINT CIRCLE TAMPA, FL 33613

**DO NOT WRITE
IN THIS SPACE**

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: Susan King Susan King 2/19/05 813 969-1462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #