

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001725

FILED
Aug 10, 2007
Secretary of State

Entity Name: KREWE OF THE CONQUISTADORS OF TAMPA-BAY, INC.

Current Principal Place of Business:

10092 GULF BLVD
UNIT 1
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

10092 GULF BLVD
UNIT 1
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PUCKETT, LAURIE L ESQ
11120 5TH STREET EAST
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

BOX, JAMES A
536 21ST AVE. NE
SAINT PETERSBURG, FL 33704 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: JAMES A. BOX

08/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR. () Delete
Name: VALVERDE, MANUEL A
Address: 10092 GULF BLVD, UNIT 1
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: DIR. () Delete
Name: BOX, JIM A
Address: 536 21ST AVE. NE
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DIR () Change (X) Addition
Name: ARNOLD, BOB DR
Address: 10204 SEMINOLE ISLAND DRIVE
City-St-Zip: LARGO,, FL 33773

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES A. BOX

DIR

08/10/2007

Electronic Signature of Signing Officer or Director

Date