

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004972

FILED
Mar 15, 2004
Secretary of State**Entity Name:** YE ETERNAL KREWE OF ANTIQUITAS, INC.**Current Principal Place of Business:**9325 CRANDON LANE
TAMPA, FL 33635**New Principal Place of Business:****Current Mailing Address:**PMB 414
11705 BOYETTE OAD
RIVERVIEW, FL 33569**New Mailing Address:**809 EAST BLOOMINGDALE AVE
#396
BRANDON, FL 33511**FEI Number:** 61-1452492**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**FURLONG, ALISHA ANNE
9325 CRANDON LANE
TAMPA, FL 33635**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: FURLONG, ALISHA ANNE
Address: 9325 CRANDON LANE
City-St-Zip: TAMPA, FL 33635

Title: D () Delete
Name: BROOKS, ANETTE
Address: 40627 JERRY ROAD
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: D () Delete
Name: SIMON, BETINA WYNNE
Address: 11218 SCOTCHWOOD DRIVE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FURLONG, ALISHA ANNE
Address: 9325 CRANDON LANE
City-St-Zip: TAMPA, FL 33635

Title: V (X) Change () Addition
Name: LITTLE, PENNIE
Address: 1250 LORNEWOOD PLACE
City-St-Zip: VALRICO, FL 33594

Title: T (X) Change () Addition
Name: LIPKA, BRONWYN
Address: 2318 WEST FIG STREET
City-St-Zip: TAMPA, FL 33609

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: BRONWYN A LIPKA

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03/15/2004

Electronic Signature of Signing Officer or Director

Date