

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90043 006 ****61.25

DOCUMENT # N04000002874

1. Entity Name
YE ENCHANTED KREWE OF BRIGADOON, INC.



Principal Place of Business
**414 W. HANNA AVE.
TAMPA, FL 33604**

Mailing Address
**414 W. HANNA AVE.
TAMPA, FL 33604**



2. Principal Place of Business

2401 W. Morrison Ave

Suite, Apt. #, etc.

#202

City & State

Tampa, FL

Zip
33629

Country

USA

3. Mailing Address

2401 W. Morrison Ave

Suite, Apt. #, etc.

#202

City & State

Tampa, FL

Zip
33629

Country

USA

01192006

Chg-NP

CR2E037 (11/05)

4. FEI Number
20-1353980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HERBST, JOHN M
641 FIRST STREET SOUTH
ST. PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

Name **John M. Herbst**

Street Address (P.O. Box Number is Not Acceptable)

Same

City

Tampa

FL

Zip Code

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

John M. Herbst

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SESTAK, SCOTT**
STREET ADDRESS **1416 HATCHER LOOP DR.**
CITY- ST- ZIP **BRANDON, FL 33511**

TITLE **SEC** ☐ Delete
NAME **SCHAEFER, CHRISTINA**
STREET ADDRESS **4815 BAY HERON PLACE #605**
CITY- ST- ZIP **TAMPA, FL 33616**

TITLE **TRES** ☐ Delete
NAME **KEANE, KRISTINA**
STREET ADDRESS **2401 W. MORRISON AVE. #202**
CITY- ST- ZIP **TAMPA, FL 33629**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

John M. Herbst

1/12/06

Phone: 727-421-9285