
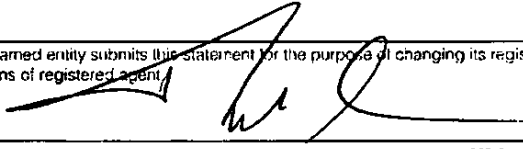
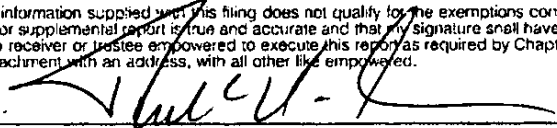


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2008 8:00 am
Secretary of State

04-18-2008 90052 006 ****61.25

DOCUMENT # N04000008133			
1. Entity Name THE KREWE OF "F" TROOP, INC.			
Principal Place of Business P.O. BOX 4047 TAMPA FL 33677		Mailing Address P.O. BOX 4047 TAMPA FL 33677	
2. Principal Place of Business - No P.O. Box # 6502 WALTON WAY		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SAME	
City & State Tampa, FL		City & State FL	
Zip 33610	Country USA	Zip FL	Country FL
6. Name and Address of Current Registered Agent CONTE, RANDY 2400 THRACE STREET TAMPA FL 33605		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6502 WALTON WAY Tampa FL FL City Tampa FL Zip Code 33610	
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:  DATE: 4/5/08			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to: Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CONTE, RANDY P.O. BOX 4047 TAMPA FL 33677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRAY, TODD P.O. BOX 4047 TAMPA FL 33677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIRCHEN, DICK P.O. BOX 4047 TAMPA FL 33677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.			
SIGNATURE: 		DATE: 4/5/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

ATTACHMENT

66013501
#ND4000008133

Form **SS-4**

Application for Employer Identification Number

OMB No. 1545-0003

(Rev. July 2007)

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

Department of the Treasury
Internal Revenue Service

▶ See separate instructions for each line. ▶ Keep a copy for your records.

COPY

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
KREWE OF F TROOP, INC

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name
RANDY CONTE

4a Mailing address (room, apt., suite no. and street, or P.O. box)
6502 WALTON WAY

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code (if foreign, see instructions)
TAMPA, FL 33610

5b City, state, and ZIP code (if foreign, see instructions)

6 County and state where principal business is located
HILLSBOROUGH - FLORIDA

7a Name of principal officer, general partner, grantor, owner, or trustor
RANDY CONTE

7b SSN, ITIN, or EIN
262-84-1509

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? Yes No

8b If 8a is "Yes," enter the number of LLC members

8c If 8a is "Yes," was the LLC organized in the United States? Yes No

9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.

Sole proprietor (SSN) _____

Partnership

Corporation (enter form number to be filed) ▶ _____

Personal service corporation

Church or church-controlled organization

Other nonprofit organization (specify) ▶ **SOCIAL GROUP**

Other (specify) ▶ _____

Estate (SSN of decedent) _____

Plan administrator (TIN) _____

Trust (TIN of grantor) _____

National Guard State/local government

Farmers' cooperative Federal government/military

REMIC Indian tribal governments/enterprises

Group Exemption Number (GEN) if any ▶ _____

9b If a corporation, name the state or foreign country (if applicable) where incorporated

State **FLORIDA** Foreign country _____

10 Reason for applying (check only one box)

Started new business (specify type) ▶ _____

Banking purpose (specify purpose) ▶ _____

Changed type of organization (specify new type) ▶ _____

Purchased going business

Hired employees (Check the box and see line 13.)

Created a trust (specify type) ▶ _____

Compliance with IRS withholding regulations

Created a pension plan (specify type) ▶ _____

Other (specify) ▶ **RENEWAL ANNUAL REPORT - REQUIREMENT**

11 Date business started or acquired (month, day, year). See instructions.
8-4-04

12 Closing month of accounting year

13 Highest number of employees expected in the next 12 months (enter -0- if none).

Agricultural **0** Household **0** Other **0**

14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? Yes No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")

15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year). **NO EMPLOYEES**

16 Check one box that best describes the principal activity of your business.

Health care & social assistance Wholesale-agent/broker

Construction Rental & leasing Transportation & warehousing Accommodation & food service Wholesale-other Retail

Real estate Manufacturing Finance & insurance Other (specify) _____

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
GROUP PROVIDES FUNDS TO LOCAL CHARITIES

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes No

If "Yes," write previous EIN here ▶ _____

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Third Party Designee

Designee's name _____

Designee's telephone number (include area code) _____

Address and ZIP code _____

Designee's fax number (include area code) _____

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **RANDY CONTE**

Applicant's telephone number (include area code) **(813) 404-1509**

Signature ▶ *[Signature]* Date ▶ **5/20/08**

Applicant's fax number (include area code) **(813) 404-1509**