


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000002437 1. Entity Name KREWE OF MACQUE, INC.	
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Principal Place of Business 429 HARRISON AVENUE PANAMA CITY, FL 32401	Mailing Address 429 HARRISON AVENUE PANAMA CITY, FL 32401
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DO NOT WRITE IN THIS SPACE

01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2065593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent INSCOE, WILLARD F 7120 B SINGLETON CIRCLE PANAMA CITY, FL 32404	DO NOT WRITE IN THIS SPACE
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LINGE, DEL 7027 YELLOW BLUFF RD. PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATRICK, CORTEZ 1335 GRACE AVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD INSCOE, WILLARD F 7120 B SINGLETON CIR PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/15/08-80018-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Cortez D. Patrick* **CORTEZ D. PATRICK** *1-6-08* *850 763-0995*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #