

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002437

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: KREWE OF MACQUE, INC.

**Current Principal Place of Business:**

429 HARRISON AVENUE  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

429 HARRISON AVENUE  
PANAMA CITY, FL 32401

**New Mailing Address:**

1335 GRACE AVENUE  
PANAMA CITY, FL 32401

FEI Number: 20-2065593

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INSCOE, WILLARD F  
7120 B SINGLETON CIRCLE  
PANAMA CITY, FL 32404 US

**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: CD ( ) Delete  
Name: LINGE, DEL  
Address: 7027 YELLOW BLUFF RD.  
City-St-Zip: PANAMA CITY, FL 32404

Title: TD ( ) Delete  
Name: PATRICK, CORTEZ  
Address: 1335 GRACE AVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: CD ( ) Delete  
Name: INSCOE, WILLARD F  
Address: 7120 B SINGLETON CIR  
City-St-Zip: PANAMA CITY, FL 32404

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: CORTEZ D PATRICK

TD

01/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date