

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90033 032 ****61.25

DOCUMENT # N05000009737						
1. Entity Name SWAMP CABBAGE QUEEN AND PRINCESS PAGEANT, INC.						
Principal Place of Business 1120 APR HENDRY DR LABELLE, FL 33935 US			Mailing Address 1120 CAPT HENDRY DR LABELLE, FL 33935 US			
2. Principal Place of Business - No P.O. Box # 1120 Capt Hendry Dr		3. Mailing Address PO Box 154				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252008 Chg-NP CR2E037 (12/06)		
City & State LaBelle FL		City & State LaBelle FL		4. FEI Number 03-0578424		
Zip 33975		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MILLER, CATHRYN G 975 FORT THOMPSON AVENUE LABELLE, FL 33935			7. Name and Address of New Registered Agent			
Name			Street Address (P.O. Box Number is Not Acceptable)			
City			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 P	NAME MILLER, CATHRYN G		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 975 FORT THOMPSON AVENUE	CITY-ST-ZIP LABELLE, FL 33935			NAME	STREET ADDRESS	
TITLE VP	NAME MERRITT, JERRI LYNN		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 82 MARION DRIVE	CITY-ST-ZIP FELDA, FL 33935			NAME	STREET ADDRESS	
TITLE SEC	NAME ORLINSKI, MELINDA B		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1120 CAPTAIN HENDRY DRIVE	CITY-ST-ZIP LABELLE, FL 33935			NAME	STREET ADDRESS	
TITLE TREA	NAME HARRIS-WHITE, KIMBERLY		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 75 N BRIDGE STREET	CITY-ST-ZIP LABELLE, FL 33935			NAME	STREET ADDRESS	
TITLE SD	NAME MILLER, CYNTHIA H		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 975 FORT THOMPSON AVENUE	CITY-ST-ZIP LABELLE, FL 33935			NAME	STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS			NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP			NAME	STREET ADDRESS	
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: <i>Melinda B. Orlinski</i>				1-30-08 863-675-1686		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		