

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011768

FILED
Jan 12, 2009
Secretary of State

Entity Name: KREWES KARE, INCORPORATED

Current Principal Place of Business:

P. O. BOX 4047
TAMPA, FL 33677

New Principal Place of Business:

2333 MCINTOSH ROAD
DOVER, FL 33527 US

Current Mailing Address:

P. O. BOX 4047
TAMPA, FL 33677

New Mailing Address:

P. O. BOX 975
SEFFNER, FL 33583 US

FEI Number: 20-3868654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTE, RANDY S
2406 THRACE STREET
TAMPA, FL 33677 US

Name and Address of New Registered Agent:

PAINTON, YVONNE M
2333 MCINTOSH ROAD
DOVER, FL 33527 US

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: YVONNE M PAINTON

01/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAINTON, YVONNE
Address: P. O. BOX 6800
City-St-Zip: SEFFNER, FL 33583

Title: VP () Delete
Name: CONTE, RANDY S
Address: P.O. BOX 4047
City-St-Zip: TAMPA, FL 33677

Title: T () Delete
Name: GONZALEZ, FROMENT J
Address: P. O. BOX 4047
City-St-Zip: TAMPA, FL 33677

Title: S () Delete
Name: BARFIELD, LYNN
Address: P. O. BOX 4047
City-St-Zip: TAMPA, FL 33677

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PAINTON, YVONNE M
Address: P. O. BOX 975
City-St-Zip: SEFFNER, FL 33583 US

Title: VP (X) Change () Addition
Name: BARFIELD, LYNN
Address: P.O. BOX 975
City-St-Zip: SEFFNER, FL 33583 US

Title: CFO (X) Change () Addition
Name: GONZALEZ, FROMENT J
Address: P. O. BOX 975
City-St-Zip: SEFFNER, FL 33583 US

Title: T (X) Change () Addition
Name: LONG, SUSAN
Address: P. O. BOX 975
City-St-Zip: SEFFNER, FL 33583 US

Title: S () Change (X) Addition
Name: HESS, CHRISTIE
Address: PO BOX 975
City-St-Zip: SEFFNER, FL 33583 US

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: YVONNE M PAINTON

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date