

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011075

FILED  
May 12, 2008  
Secretary of State

Entity Name: YE MYSTIC KREWE OF MARGARITAVILLE INC.

## Current Principal Place of Business:

2529 KRUEGER LN.  
TAMPA, FL 33618

## New Principal Place of Business:

5605 LEGACY CRESENT PL  
APT 107  
RIVERVIEW, FL 33569

## Current Mailing Address:

2529 KRUEGER LN.  
TAMPA, FL 33618

## New Mailing Address:

5605 LEGACY CRESENT PL  
APT 107  
RIVERVIEW, FL 33569

FEI Number: 20-8224571      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

HAMILTON, JAMES  
2529 KRUEGER LN.  
TAMPA, FL 33618      US

## Name and Address of New Registered Agent:

KEMMELING, DAN D  
5605 LEGACY CRESENT PL  
APT 107  
RIVERVIEW, FL 33569      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: DAN KEMMELING

05/12/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: BEUER, CEE  
Address: 3604 W. DALE  
City-St-Zip: TAMPA, FL 33609

Title: D      ( ) Delete  
Name: EZZELL, PAULA  
Address: 3313 W.NAPOLEON AVE.  
City-St-Zip: TAMPA, FL 33611

Title: D      ( ) Delete  
Name: FARINA, DEBI  
Address: 5605 LEGACY CRESCENT PL.,APT. 103  
City-St-Zip: RIVERVIEW, FL 33569

Title: D      (X) Delete  
Name: HAMILTON, DONNA  
Address: 2529 KRUEGER LN.  
City-St-Zip: TAMPA, FL 33618

Title: D      (X) Delete  
Name: HAMILTON, JAMES  
Address: 2529 KRUEGER LN.  
City-St-Zip: TAMPA, FL 33618

Title: D      ( ) Delete  
Name: KEMMELING, DAN  
Address: 5605 LEGACY CRESCENT PL, APT. 103  
City-St-Zip: RIVERVIEW, FL 33569

## 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:

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: DAN KEMMELING

D

05/12/2008

Electronic Signature of Signing Officer or Director

Date