

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001077

FILED  
Apr 14, 2010  
Secretary of State

**Entity Name:** THE KREWE OF ANN JEFFREY, INC.

**Current Principal Place of Business:**

8819 BAY POINTE DRIVE  
E102  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 270126  
TAMPA, FL 33688 US

**New Mailing Address:**

**FEI Number:** 26-1685382      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

TOLL, SUSAN  
8819 BAY POINTE DRIVE  
E102  
TAMPA, FL 33615 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: P  
Name: TOLL, SUSAN  
Address: 8819 BAY POINTE DRIVE E102  
City-St-Zip: TAMPA, FL 33615

Title: S  
Name: KEIRN, TERRI  
Address: 8819 BAY POINTE DRIVE E102  
City-St-Zip: TAMPA, FL 33615

Title: T  
Name: NUCCIO, ROSALYN M  
Address: 8924 DONNA LU DRIVE  
City-St-Zip: ODESSA, FL 33556 US

Title: D  
Name: BLICK, LINDA  
Address: 8819 BAY POINTE DRIVE  
City-St-Zip: TAMPA, FL 33615

Title: D  
Name: DUNCAN, KIMBERLY  
Address: 8819 BAY POINTE DRIVE  
City-St-Zip: TAMPA, FL 33615

I hereby 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 all other like empowered.

SIGNATURE: ROSALYN M. NUCCIO

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04/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date