

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30391

FILED
Apr 21, 2006
Secretary of State

Entity Name: KREWE OF WRECKS, INC.

Current Principal Place of Business:

C/O N. RONEY
1637 BALTAR DR
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

C/O N. RONEY
1637 BALTAR DR
GULF BREEZE, FL 32563

New Mailing Address:

FEI Number: 59-3019568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUNT, ANDREA E
117 NORWICH DR
GULF BREEZE, FL 32561 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 () Delete
Name: BRUNT, ANDREA
Address: 17 NORWICH DR
City-St-Zip: GULF BREEZE, FL 32561

Title: V () Delete
Name: GOUDY, JEFF
Address: 708 MALDONADO
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: T () Delete
Name: RONEY, NANCY
Address: 1637 BALTAR DR
City-St-Zip: GULF BREEZE, FL 32561

Title: S () Delete
Name: VERN, PHILLIPS
Address: 1143 NESTLINE CT
City-St-Zip: GULF BREEZE, FL 32563

Title: V () Delete
Name: SWITZER, CHARLIE
Address: 402 NAVY COVE
City-St-Zip: GULF BREEZE, FL 32561

Title: V () Delete
Name: KAY, VERHALN
Address: 661 PENSACOLA BEACH BLVD
City-St-Zip: PENSACOLA BEACH, FL 32561

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
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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 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: NANCY RONEY

TREA

04/21/2006

Electronic Signature of Signing Officer or Director

Date