

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30391

FILED  
Jan 17, 2010  
Secretary of State

**Entity Name:** KREWE OF WRECKS, INC.

**Current Principal Place of Business:**

5577 WHISPERING WOODS DR  
PACE, FL 32751 US

**New Principal Place of Business:**

**Current Mailing Address:**

5577 WHISPERING WOODS DR  
PACE, FL 32751 US

**New Mailing Address:**

**FEI Number:** 59-3019568

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WAITE, MELANIE  
5577 WHISPERING WOODS DR  
PACE, FL 32751 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: GOUDEY, JEFF  
Address: 3208 REDWOOD LN APT C  
City-St-Zip: GULF BREEZE, FL 32563

Title: T  
Name: WAITE, MELANIE  
Address: 5577 WHISPERING WOODS DR  
City-St-Zip: PACE, FL 32751

Title: D  
Name: SIMONEAUX, PHILIP  
Address: 3107 E GONZALEZ ST  
City-St-Zip: PENSACOLA, FL 32503

Title: D  
Name: JOHNSTON, SANDRA  
Address: PO BOX 492  
City-St-Zip: GULF BREEZE, FL 32562

Title: D  
Name: WHEELER, CARLEEN  
Address: 2525 WHALEY AVE  
City-St-Zip: PENSACOLA, FL 32503

Title: D  
Name: PHILLIPS, VERN  
Address: 1353 CONNEMARA CIRCLE  
City-St-Zip: GULF BREEZE, FL 32563

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:** MELANIE WAITE

TREA

01/17/2010

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

\_\_\_\_\_  
Date