

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50894

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: GRAND KREWE DE LIBERTALIA, INC.

**Current Principal Place of Business:**

808 W. DE LEON STREET  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 21562  
TAMPA, FL 33622

**New Mailing Address:**

FEI Number: 59-3143037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROTHBURD, CRAIG  
808 W DE LEON ST.  
TAMPA, FL 33606 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: D ( ) Delete  
Name: ROTHBURD, CRAIG  
Address: 808 W DE LEON ST.  
City-St-Zip: TAMPA, FL 33606 US

Title: PD ( ) Delete  
Name: GREEN, JERRY  
Address: 808 W. DE LEON ST.  
City-St-Zip: TAMPA, FL 33606

Title: SD ( ) Delete  
Name: CHRISTENSEN, EVA  
Address: 808 W. DE LEON ST.  
City-St-Zip: TAMPA, FL 33606

Title: TD ( ) Delete  
Name: ARRIGO, MARK  
Address: 808 W. DE LEON ST.  
City-St-Zip: TAMPA, FL 33606

Title: VP ( ) Delete  
Name: MASON, ANDREA  
Address: 808 W. DE LEON ST.  
City-St-Zip: TAMPA, FL 33606

**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:

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: CRAIG ROTHBURD

D

01/15/2008

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

\_\_\_\_\_  
Date