

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005986

FILED
Mar 28, 2008
Secretary of State

Entity Name: KREWE OF PAIR O'DICE, INC.

Current Principal Place of Business:

2333 MCINTOSH ROAD
DOVER, FL 33527 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 975
SEFFNER, FL 33583 US

New Mailing Address:

FEI Number: 59-3349506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAINTON, YVONNE M
2333 MCINTOSH ROAD
DOVER, FL 33527 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: PAINTON, YVONNE M
Address: P O BOX 975
City-St-Zip: SEFFNER, FL 33583

Title: D () Delete
Name: ALSPACH, BARRY L
Address: 3420 E DEBAZAN
City-St-Zip: ST PETE BEACH, FL 33706

Title: D () Delete
Name: GOMEZ, BENNY M
Address: PO BOX 6286
City-St-Zip: BRANDON, FL 33508

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PAINTON, YVONNE M
Address: P O BOX 975
City-St-Zip: SEFFNER, FL 33583 US

Title: D (X) Change () Addition
Name: PAINTON, SCOTT M
Address: P O BOX 975
City-St-Zip: SEFFNER, FL 33583 US

Title: D (X) Change () Addition
Name: GOMEZ, BENNY M
Address: PO BOX 975
City-St-Zip: SEFFNER, FL 33583 US

Title: D () Change (X) Addition
Name: GOMEZ, NANCY L
Address: P O BOX 975
City-St-Zip: SEFFNER, FL 33583 US

Title: D () Change (X) Addition
Name: SUBERO, ERIKA L
Address: P O BOX 975
City-St-Zip: SEFFNER, FL 33583 US

Title: D () Change (X) Addition
Name: ROBINSON, SIMON H
Address: P O BOX 975
City-St-Zip: SEFFNER, FL 33583 US

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: YVONNE M PAINTON

D

03/28/2008

Electronic Signature of Signing Officer or Director

Date