2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jul 30, 2004 8:00 am
Secretary of State

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44050840

07192004 Chg-NP CR2E037 (10/03)

DOCUMENT # N98000004650

1. Entity Name
KREWE OF THE CARIBBEAN COWBOYS INCORPORATED

Principal Place of Business
3908 W. MCKAY AVE
TAMPA, FL 33609 US

Mailing Address
PO BOX 15106
TAMPA, FL 33614 US

2. Principal Place of Business
4511 Hidden Shadow Dr
Suite, Apt. #, etc.

3. Mailing Address
PO Box 15106
Suite, Apt. #, etc.

City & State: Tampa FL
Zip: 33614 Country: US

City & State: TAMPA FL
Zip: 33614 Country: US

4. FEI Number: 59-3528699 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TOMLINSON, DEBBRA
~~3908 W. MCKAY AVE.~~
TAMPA, FL ~~33609~~

7. Name and Address of New Registered Agent

Name: TOMLINSON, Debbra
Street Address (P.O. Box Number is Not Acceptable): 4511 Hidden Shadow DR
City: TAMPA FL Zip Code: 33614

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	D ☑ Change ☐ Addition
NAME	TOMLINSON, DEBBRA	NAME	Tomlinson, Debbra
STREET ADDRESS	3908 W. MCKAY AVE	STREET ADDRESS	4511 Hidden Shadow DR
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	Tampa, Fl 33614
TITLE	T ☐ Delete	TITLE	P ☑ Change ☐ Addition
NAME	BROWN, IRA	NAME	IRA Brown
STREET ADDRESS	4001 S. WESTSHORE BLVD. #907	STREET ADDRESS	4001 S. Westshore BLVD #907
CITY-ST-ZIP	TAMPA, FL 33603	CITY-ST-ZIP	Tampa, Fl 33603
TITLE	VP ☒ Delete	TITLE	VP ☑ Change ☐ Addition
NAME	STUTLS, STEVE	NAME	BEUER, CECELIA
STREET ADDRESS	7004 DANEWOOD CT	STREET ADDRESS	3604 W. DALE AVE
CITY-ST-ZIP	TAMPA, FL 33615	CITY-ST-ZIP	Tampa, Fl 33609
TITLE	S ☒ Delete	TITLE	S ☐ Change ☑ Addition
NAME	STEPHENS, AMANDA	NAME	Lee, Betsy
STREET ADDRESS	3317 W. NEW ORLEANS AVE	STREET ADDRESS	4511 Hidden Shadow DR
CITY-ST-ZIP	TAMPA, FL 33614	CITY-ST-ZIP	Tampa, Fl 33614
TITLE	TD ☐ Delete	TITLE	T ☐ Change ☑ Addition
NAME	BEUER, CECELIA	NAME	Frisica, Visana
STREET ADDRESS	3604 W. DALE AVE	STREET ADDRESS	2113 W. South View ave #B
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	Tampa Fl 33606
TITLE	TD ☐ Delete	TITLE	T ☐ Change ☑ Addition
NAME	KEMMELING, DANIEL	NAME	Renzi, Renee
STREET ADDRESS	5605 LEGACY CRESCENT PL. #103	STREET ADDRESS	131 Hisabal Ct
CITY-ST-ZIP	RIVERVIEW, FL 33569	CITY-ST-ZIP	Oldsmar FL 34677

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debbra Tomlinson Debbra Tomlinson 7/24/04 813 817 3324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 44050840

N98000004600

2004 NOT-FOR –PROFIT CORPORATION ANNUAL REPORT CONTINUED

TITLE C
NAME Stutts, Steve
STREER ADDRESS 7004 Danewood Ct
CITY-ST-ZIP Tampa, Fl 33615

X **CHANGE**
ADDITION

TITLE S/T
NAME Kemmeling, Daniel
STREER ADDRESS 5605 Legacy Crescent PL # 103
CITY-ST-ZIP RIVERVIEW, FL 33569

X **CHANGE**
ADDITION

TITLE T
NAME HALE, R. Brent
STREER ADDRESS 4511 Hidden Shadow Dr
CITY-ST-ZIP Tampa, Fl 33614

CHANGE
X **ADDITION**

TITLE T
NAME Mayor, Debbie
STREER ADDRESS 6000 W. Orleans Ave
CITY-ST-ZIP Tampa, Fl 33604

CHANGE
ADDITION