2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State
07-30-2004 90006 011 ****70.00

DOCUMENT # N98000004650

1. Entity Name
KREWE OF THE CARIBBEAN COWBOYS INCORPORATED

44050840

Principal Place of Business	Mailing Address
3908 W. MCKAY AVE TAMPA, FL 33609 US	PO BOX 15106 TAMPA, FL 33614 US

07192004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
4511 Hidden Shadow Dr	PO Box 15106
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa FL
Zip: 33614 Country: US	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	7. Name and Address of New Registered Agent
TOMLINSON, DEBBRA ~~3908 W. MCKAY AVE.~~ TAMPA, FL ~~33609~~	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P TOMLINSON, DEBBRA 3908 W. MCKAY AVE TAMPA, FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tomlinson, Debbra 4511 Hidden Shadow DR Tampa, FL 33614	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BROWN, IRA 4001 S. WESTSHORE BLVD. #907 TAMPA, FL 33603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P IRA Brown 4001 S. Westshore Blvd #907 Tampa, FL 33603	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STUTLS, STEVE 7004 DANEWOOD CT TAMPA, FL 33615	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BEUER, CECELIA 3604 W. DALE AVE Tampa, FL 33609	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STEPHENS, AMANDA 3317 W. NEW ORLEANS AVE TAMPA, FL 33614	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Lee, Betsy 4511 Hidden Shadow DR Tampa, FL 33614	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BEUER, CECELIA 3604 W. DALE AVE TAMPA, FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Prisica, Visana 2113 W. South View Ave #B Tampa FL 33606	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KEMMELING, DANIEL 5605 LEGACY CRESCENT PL. #103 RIVERVIEW, FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Renzi, Renee 131 Hisabal Ct Oldsmar FL 34677	☐ Change ☑ Addition

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 4000 W. Oelans Ave
CITY-ST-ZIP Tampa, FL 33609

CHANGE

ADDITION