

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90030 016 ****70.00

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1. Entity Name
**KREWE OF THE CARIBBEAN COWBOYS
INCORPORATED**



Principal Place of Business
**4511 HIDDEN SHADOW DR
TAMPA, FL 33614 US**

Mailing Address
**PO BOX 15106
TAMPA, FL 33614 US**

50056735



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05112005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3528699

Applied For
Not Applicable

Zip

Country

Zip

Country

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
4511 HIDDEN SHADOW DR
TAMPA, FL 33614**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 7, 2005**

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 ☐ Delete
NAME **D**
STREET ADDRESS **TOMLINSON, DEBBRA**
CITY-ST-ZIP **4511 HIDDEN SHADOW DR
TAMPA, FL 33614**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **BROWN, IRA**
CITY-ST-ZIP **4001 S. WESTSHORE BLVD. #907
TAMPA, FL 33603**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Brown, Ira**
CITY-ST-ZIP **4001 S. Westshore Blvd #907
Tampa, FL 33603**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **BEUER, CECILIA**
CITY-ST-ZIP **3604 W DALE AVE
TAMPA, FL 33609**

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **Beuer, Cecilia**
CITY-ST-ZIP **3604 W. Dale Ave
Tampa FL 33609**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **LEE, BETSY**
CITY-ST-ZIP **4511 HIDDEN SHADOW DR
TAMPA, FL 33614**

TITLE ☒ Change ☐ Addition
NAME **TD**
STREET ADDRESS **Lee Betsy**
CITY-ST-ZIP **4511 Hidden Shadow Dr
Tampa FL 33614**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **FRISICA, VISANA**
CITY-ST-ZIP **2113 W SOUTHVIEW AVE # B
TAMPA, FL 33606**

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **FRISICA, VISANA**
CITY-ST-ZIP **2113 W. Southview Ave #B
Tampa, FL 33606**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **KEMMELING, DANIEL**
CITY-ST-ZIP **5605 LEGACY CRESCENT PL. #103
RIVERVIEW, FL 33569**

TITLE ☒ Change ☐ Addition
NAME **TD**
STREET ADDRESS **Kemmeling, Daniel**
CITY-ST-ZIP **5605 Legacy Crescent PL #103
RIVERVIEW FL 33569**

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:

Debra Tomlinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/05
Date

813 817 3324
Daytime Phone #