## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Jul 24, 2006 8:00 am Secretary of State DOCUMENT # N98000004650 07-24-2006 90002 039 \*\*\*\*70.00 KREWE OF THE CARIBBEAN COWBOYS INCORPORATED Principal Place of Business Mailing Address 4511 HIDDEN SHADOW DR PO BOX 15106 **TAMPA FL 33614 TAMPA FL 33614** 3. Mailing Address 2. Principal Place of Business 203 W 103rd Ave PO BOX 15104 Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3528699 Tampa , FL Not Applicable TampA, Fl Zip 33612 Country Country \$8.75 Additional 5. Certificate of Status Desired 45 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Tomlinson Debbra TOMLINSON, DEBBRA Street Address (P.O. Box Number is Not Acceptable) 4511 HIDDEN SHADOW DR TAMPA FL 33614 Zip Code 33612 tampa 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 agents SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE TITLE Change : Addition Tomlikson, Delobra TOMLINSON, DEBBRA NAME NAME 209 W. 103rd Auc 4511 HIDDEN SHADOW DR STREET ADDRESS STREET ADDRESS **TAMPA FL 33614** CITY-ST-7IP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE BROWN, IRA NAME NAME 4001 S, WESTSHORE BLVD. #907 STREET ADDRESS STREET ADDRESS **TAMPA FL 33603** CITY-ST-ZIP CITY-ST-ZIP Datete Changa 📈 TITLE TITLE ☐ Addition Kemmeling, Daniel & HIO3 BEUER, CECELIA NAME NAME STREET ADDRESS 3604 W DALE AVE STREET ADDRESS Riverview, fi 33569 CITY-ST-ZIP **TAMPA FL 33609** CITY-ST-ZIP TD TITLE ☐ Delete TITLE VΡ Change ☐ Addition Lee, Betsv LEE, BETSY NAME NAME zogw loged Ave STREET ADDRESS 4511 HIDDEN SHADOW DR STREET ADDRESS **TAMPA FL 33614** CITY-ST-ZIP CITY-ST-ZIP tampA, Fl 33612 Change Addition TITLE ☐ Delete TITLE FrisicAi Visano 2113 W Southurew Ave #B FRISICA, VISANA NAME NAME 2113 W SOUTHVIEW AVE # B STREET ADDRESS STREET ADDRESS TAMPA FL 33606 TAMPA, FL 33606 CITY-ST-7IP CITY-ST-ZIP VP ☐ Delete TITLE Addition villano, Jacque 209 W. 103 rd Ave KEMMELING, DANIEL NAME NAME 5605 LEGACY CRESCENT PL. #103 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP RIVERVIEW FL 33569

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 attactment with an address, with all other like empowered.

SIGNATURE:

John Mondison

July 18,2006

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FILED