



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90017 010 ****61.25

DOCUMENT # N98000005570					
1. Entity Name KREWE OF BLUES OF PINELLAS COUNTY, FLORIDA, INC.					
Principal Place of Business 4726 NORTH LOIS AVENUE SUITE A-2 TAMPA, FL 33614			Mailing Address 522 SCOTLAND ST DUNEDIN, FL 34698		
2. Principal Place of Business 6365 142 nd AVE. N.		3. Mailing Address 6365 142 nd AVE. N.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172006 Chg-NP CR2E037 (11/05)	
City & State Clearwater FL		City & State Clearwater, FL		4. FEI Number 59-3527226	
Zip 33760		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WILLYOUNG, JOHN WESLEY 4726 NORTH LOIS AVENUE SUITE A-2 TAMPA, FL 33614			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
FL			FL		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 D	NAME WILLYOUNG, JOHN WESLEY	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS 4726 NORTH LOIS AVENUE, #A-2	CITY-ST-ZIP TAMPA, FL 33614				
TITLE D	NAME WILLYOUNG, MICHAEL	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS 1580 HUNTLEIGH COURT	CITY-ST-ZIP OLDSMAR, FL 34677				
TITLE D	NAME SOFARELLI, MICHAEL JR.	<input type="checkbox"/> Delete	TITLE _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 6365 142 nd Avenue N.
STREET ADDRESS 7211 AMHERST WAY	CITY-ST-ZIP CLEARWATER, FL 34624				
TITLE D	NAME LYNN, T. HARRY	<input checked="" type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS 522 SCOTLAND STREET	CITY-ST-ZIP DUNEDIN, FL 34698				
TITLE _____	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP _____				
TITLE _____	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP _____				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					