


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90011 022 \*\*\*150.00

<b>DOCUMENT # 450037</b> 1. Entity Name <b>POSEY'S SEAFOOD AND CRABSHELL, INC.</b>					
Principal Place of Business <b>1168 COASTAL HIGHWAY PANACEA, FL 32346</b>			Mailing Address <b>P. O. BOX 294 NORTH HWY 98 PANACEA, FL 32346</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1374832</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CAMPER, WILLIAM L. 1168 COASTAL HIGHWAY PANACEA, FL 32346</b>			7. Name and Address of New Registered Agent Name <b>Sherrie P. Miller</b> Street Address (P.O. Box Number is Not Acceptable) <b>1506 Coastal Highway</b> City <b>Panacea</b> <b>FL</b> Zip Code <b>32346</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POSEY, JOHN N JR 11678 COASTAL HIGHWAY PANACEA, FL 32346	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1506 Coastal Highway Panacea, FL 32346	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POSEY, MILDRED P O BOX 294, N HWY 98 PANACEA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POSEY, MILDRED 1168 COASTAL HIGHWAY PANACEA, FL 32346	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1506 Coastal Highway Panacea, FL 32346	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, SHERRIE P 1168 COASTAL HIGHWAY PANACEA, FL 32346	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1506 Coastal Highway Panacea, FL 32346	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: <u><i>Sherrie Miller</i></u> <u>1/30/04</u> <u>888 984524</u> <small>Date Daytime Phone #</small>					