


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90065 023 ***158.75

DOCUMENT # 450037			
1. Entity Name POSEY'S SEAFOOD AND CRABSHELL, INC.			
Principal Place of Business 1168 COASTAL HIGHWAY PANACEA FL 32346		Mailing Address P. O. BOX 294 NORTH HWY 98 PANACEA FL 32346	
2. Principal Place of Business - No P.O. Box # <i>1506 Coastal Highway</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Panacea, FL</i>		City & State	
4. FEI Number <i>59-1374832</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, SHERRIE P 1506 COASTAL HIGHWAY PANACEA FL 32346		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state, if applicable. (NOTE: Registered Agent signature required when transferring.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 1506 COASTAL HIGHWAY PANACEA FL 32346 <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	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
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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 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 information.			
SIGNATURE: <i>John N Posey Jr</i>		03/12/08 880-984-5247	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	