


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 589614**  
 1. Entity Name  
**LOBSTER POT, INC.**



Principal Place of Business 17814 GULF BLVD. REDINGTON SHORES, FL 33708	Mailing Address 17814 GULF BLVD. REDINGTON SHORES, FL 33708
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**DO NOT WRITE IN THIS SPACE**



03272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1858731	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 SCHAFER, WALTER L JR  
 2430 ESTANCIA BLVD, STE 108  
 CLEARWATER, FL 34621

**DO NOT WRITE IN THIS SPACE**

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) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

100000292233  
 04/07/05-80060-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REITER, JOAN 17814 GULF BLVD. REDINGTON SHORES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHAFER, WALTER L JR 2430 ESTANCIA BLVD, STE 108 CLEARWATER, FL 34621
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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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_