

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

06-15-2004 90001 015 \*\*\*150.00  
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DOCUMENT # P03000000212



1. Entity Name  
CRABBY MAC'S, INC.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

54057436

Principal Place of Business  
8743 THOMAS DR  
PANAMA CITY, FL 32408

Mailing Address  
P.O. BOX 28419  
PANAMA CITY BCH, FL 32411



04292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1168968	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

MCKINNEY, NANI L  
8743 THOMAS DR  
PANAMA CITY BCH, FL 32407

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY, NANI L P.O. BOX 28419 PANAMA CITY BCH, FL 32411
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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: *Nani L McKinney* President 850 28-28-04 2356222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #