

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


04-29-2004 90238 038 ***158.75
P03000045865

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 16 AM 11:09



MOORE CR2E034 (11/03)

DOCUMENT # P03000045865					
1. Entity Name CRABBY DICKS SEAFOOD OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 6680 GOLDEN GATE PKWY NAPLES FL 34105			Mailing Address 6680 GOLDEN GATE PKWY NAPLES FL 34105		
2. Principal Place of Business <i>6680 Golden Gate Pky</i> Suite, Apt. #, etc.			3. Mailing Address <i>6680 Golden Gate Pky.</i> Suite, Apt. #, etc.		
* <i>(Commercial Fishing)</i> City & State NAPLES Florida		City & State NAPLES Florida		4. FEI Number 02-0687354	
Zip 34105		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCPHILLIPS, RICHARD H JR 6680 GOLDEN GATE PKWY NAPLES FL 34105			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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCPHILLIPS, RICHARD H JR		NAME		
STREET ADDRESS	6680 GOLDEN GATE PKWY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34105		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>McPhillips, Richard H III</i>		NAME		
STREET ADDRESS	<i>6680 Golden Gate Parkway</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>Naples Fl. 34105</i>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 file 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 filers employed.

SIGNATURE: *Richard H McPhillips Jr.* 4-27-04 (289) 2806543