

DOCUMENT # P03000045865

1. Entity Name

CRABBY DICKS SEAFOOD OF SOUTHWEST FLORIDA, INC.



FILED
05 JUN 24 AM 8:57



Principal Place of Business 6680 GOLDEN GATE PKWY NAPLES FL 34105	Mailing Address 6680 GOLDEN GATE PKWY NAPLES FL 34105
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2. Principal Place of Business Suite, Apt #, etc	3. Mailing Address Suite, Apt #, etc
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1st MOORE CR2E034 (10/04)

City & State	City & State	4. FEI Number 02-0687354	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCPHILLIPS, RICHARD H JR 6680 GOLDEN GATE PKWY NAPLES FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200056522412 06/24/05--01069--007 <input type="checkbox"/> Change <input type="checkbox"/> Addition **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCPHILLIPS, RICHARD H III 6680 GOLDEN GATE PKWY NAPLES FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowerments.

SIGNATURE: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/20/05** Daytime Phone #: **239280-6543**

7/8/05

Attn: Mr Tynon Scott

RE: Document # P03000@45865

As per our phone conversation today you instructed me to mail a letter stating that I mailed my check and form on April 20, 2005 it must have gotten lost in mail I stopped payment on my check and I am issuing a new check plus waive late fee since I did mail before May 1, 2005.

Respectfully,
Richard H. [Signature]

Re: Check released for amount of

150.00 - Fee

8.75 Certificate of Status

\$ 158.75