


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000015009**

1. Entity Name  
**CHIEFLAND CRAB COMPANY, INC.**



Principal Place of Business  
**P. O. BOX 174**  
**STEINHATCHEE, FL 32359 US**

Mailing Address  
**P. O. BOX 174**  
**STEINHATCHEE, FL 32359 US**

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3162956** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HART, HOWARD L**  
**MULLET STREET**  
**STEINHATCHEE, FL 32359**

**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 reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HART, HOWARD MULLET AY STEINHATCHEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HART, JOYCE MULLET WAY STEINHATCHEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ALLEN, KAY H WAYNE CORBIN RD STEINHATCHEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RAYBORN, RENEE P.O. BOX 549 WAYNE CORBIN RD. STEINHATCHEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 01/20/04-80054-006 150.00

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: Kay Allen Kay Allen - Treasurer 1-15-04 (352)493-4887  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #