


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 21, 2007 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
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3162956	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

HART, HOWARD L
 MULLET STREET
 STEINHATCHEE, FL 32359

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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, 2007 Fee will be \$550.00

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

U00000641648
 03/01/07-80008-021 150.00

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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 H. Allen Kay H. Allen 2-20-07 352-493-4887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #