


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # P93000015009


1. Entity Name
 CHIEFLAND CRAB COMPANY, INC.



Principal Place of Business Mailing Address

P. O. BOX 174 P. O. BOX 174
 STEINHATCHEE, FL 32359 US STEINHATCHEE, FL 32359 US

DO NOT WRITE IN THIS SPACE



03112008 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U000000855592
 03/27/08-80054-012 150.00

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* 3-11-08 352-493-4887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #