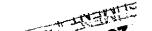
## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Mar 31, 2005 08:00 AM DOCUMENT # P96000072560 **Secretary of State** 1. Entity Name CAPTAIN KIRK'S STONE CRABS, INC. Mailing Address Principal Place of Business 629 8TH ST. SOUTH 1080 11TH STREET NORTH NAPLES, FL 34102 NAPLES, FL 34102 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03282005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0689424 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIRK, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 1080 11TH STREET NORTH NAPLES, FL 34102 City Zip Code 5. 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature (equired when rehistating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Added to Fess Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D Change C Addition TITLE ☐ Delete TITLE NAME DAMAS, P MARAE STRUET ADDRESS STREET ADDRESS 1080 11TH STREET NORTH CITY-ST-ZIP NAPLES, FL CUTY-SY-ZIP U00000282795 Change CA 03/31/05-80038-008 150.00 ☐ Addition D ☐ Defete THIE TIFLE KIRK, PATRICIA A NAME NAME STREET ADDRESS STREET ADDRESS 1080 11TH STREET NORTH NAPLES, FL 34102 CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Change Addition TITLE ☐ Delete NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-JIP Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE THIC NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Detete TITLE NAME MARKE 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 turther 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR



23926319

FILED