

2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 16, 2009
Secretary of State**

DOCUMENT# 300901

Entity Name: METCALF CRAB COMPANY INC

Current Principal Place of Business:

51 RAKER LANE
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 627
PANACEA, FL 32346 US

New Mailing Address:

FEI Number: 59-1163128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

METCALF, MARIAN
15 ELBERTA COURT
PANACEA, FL 32346 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: METCALF, DANNY R.,
Address: 15 ELBERTA COURT
City-St-Zip: PANACEA, FL 32346

Title: VP () Delete
Name: METCALF, CARL,
Address: 92 ALAPAHA AVE.
City-St-Zip: PANACEA, FL

Title: S () Delete
Name: METCALF, MARION
Address: 15 ELBERTA COURT
City-St-Zip: PANACEA, FL 32346

Title: T () Delete
Name: METCALF, ELIZABETH
Address: 92 ALAPAHA AVE.
City-St-Zip: PANACEA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARION METCALF

S

02/16/2009

Electronic Signature of Signing Officer or Director

_____ Date