


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90295 043 \*\*\*150.00

<b>DOCUMENT # 320927</b>					
1. Entity Name <b>MOORE'S STONE CRAB RESTAURANT AND MARINA, INC.</b>					
Principal Place of Business <b>800 BROADWAY LONGBOAT KEY FL 34228</b>			Mailing Address <b>P.O. BOX 219 LONGBOAT KEY FL 34228</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		



MOORE CR2E034 (11/03)

4. FEI Number <b>65-0375575</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>HICKS, LYNDA D 5302 36TH AV. DR. W. BRADENTON FL 34209</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004, Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PDM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, ALAN L			NAME			
STREET ADDRESS	4536 60TH ST. CT. W.			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34210			CITY-ST-ZIP			
TITLE	VDM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, PAUL T			NAME			
STREET ADDRESS	2007 YALE AVE			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34207			CITY-ST-ZIP			
TITLE	VDM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HICKS, ROBERT J			NAME			
STREET ADDRESS	5302 36TH AV DR. W.			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34209			CITY-ST-ZIP			
TITLE	TS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HICKS, LYNDA D			NAME			
STREET ADDRESS	5302 36TH AV DR. W.			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34209			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
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 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:** *Lynnda D. Hicks* **SECRETARY** *3/1/04* *941-383-1748*

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