


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # K65556 1. Entity Name RICK'S CRABTRAP, INC.	
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Principal Place of Business 203 BROOKS STREET SE FT WALTON BEACH, FL 32548 US	Mailing Address 203 BROOKS STREET FORT WALTON, FL 32548 US
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DO NOT WRITE IN THIS SPACE

04172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0096374	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

PIKE, CHRISTOPHER R
5 LAKESIDE STREET
FORT WALTON, FL 32548

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000323236 04/22/05-80046-003 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PIKE, CHARLES R 5 LAKESIDE COURT FORT WALTON, FL 32548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PIKE, CHRISTOPHER R 5 LAKESIDE COURT FORT WALTON, FL 32548
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IN THIS SPACE**

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: Charles Pike 4/20/05 850 664-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CHARLES PIKE