2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N00000006322

Entity Name: CRAB, INC.

Current Principal Place of Business:

6539 AVENIDA DE GALVEZ
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

6539 AVENIDA DE GALVEZ
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 59-3673946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNCHARD, DARYL D
6539 AVENIDA DE GALVEZ
NAVARRE, FL 32566 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LYNCHARD, DARYL D
Address: 6539 AVENIDA DE GALVEZ
City-St-Zip: NAVARRE, FL 32566

Title: VPD ( ) Delete
Name: PHILIPS, RON
Address: 6680 AVENIDA DE GALVEZ
City-St-Zip: NAVARRE, FL 32566

Title: TD ( ) Delete
Name: MAYE, BILL
Address: 6901 CALLE DE AMIGO
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete
Name: WEGER, MAX
Address: 6499 AVENIDA DE GALVEZ
City-St-Zip: NAVARRE, FL 32566

Title: SD ( ) Delete
Name: TUCK, DONALD
Address: 6671 AVENIDA DE DAKLEIGH
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition
Name: TASHLIK, LARRY
Address: 6463 AVENIDA DE GALVEZ
City-St-Zip: NAVARRE, FL 32566

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY TASHLIK TD 04/13/2009

Electronic Signature of Signing Officer or Director — Date