


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90187 031 ***158.75

DOCUMENT # P00000008707					
1. Entity Name BLUECRAB BAY CORP.					
Principal Place of Business 113 GREAT ISAAC COURT PUNTA GORDA, FL 33950			Mailing Address 113 GREAT ISAAC COURT PUNTA GORDA, FL 33950		
2. Principal Place of Business - No P.O. Box # 23330-F HARBORVIEW RD.		3. Mailing Address 23330-F HARBORVIEW RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CHARLOTTE HARBOR FL		City & State CHARLOTTE HARBOR FL		4. FEI Number 65-0717893	
Zip 33980		Country CHARLOTTE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GINTER, GARY 113 GREAT ISAAC COURT PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>M. Kent Hale</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>M. Kent Hale</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>4/17/07</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSD NAME KYANKA, MARY M STREET ADDRESS 113 GREAT ISAAC COURT CITY-ST-ZIP PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete		TITLE PRESIDENT NAME M. KENT HALE STREET ADDRESS 1140 SEA CREST DR N.W CITY-ST-ZIP PORT CHARLOTTE FL 33948	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VTD NAME GINTER, GARY M STREET ADDRESS 113 GREAT ISAAC COURT CITY-ST-ZIP PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete		TITLE V.P. NAME GARY GINTER STREET ADDRESS 113 ISAAC CT CITY-ST-ZIP PUNTA GORDA FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>M. Kent Hale</u> <u>Pres</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-17-07</u> Daytime Phone # <u>941-766-1330</u>		