

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000034171

Entity Name: CRABRAN OF FLORIDA, INC.

FILED
Jul 30, 2008
Secretary of State

Current Principal Place of Business:

4320 54 AVE NORTH
ST PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

4320 54 AVE NORTH
ST PETERSBURG, FL 33714

New Mailing Address:

100 2ND AVENUE NORTH
SUITE 320
ST PETERSBURG, FL 33701

FEI Number: 59-3611514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, CRAIG
4501 48TH AVENUE N
ST PETERSBURG, FL 33714 US

Name and Address of New Registered Agent:

CUNNINGHAM, MONICA L
100 2ND AVENUE NORTH
SUITE 320
ST PETERSBURG, FL 33701 US

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: MONICA L. CUNNINGHAM

07/30/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: BELL, H ROB
Address: 4320 54TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: V (X) Delete
Name: BELL, CRAIG
Address: 4501 48TH AVENUE N
City-St-Zip: ST PETERSBURG, FL 33714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTS (X) Change () Addition
Name: BELL, H ROB
Address: 4320 54TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33714

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: H. ROB BELL

PVTS

07/30/2008

Electronic Signature of Signing Officer or Director

Date