

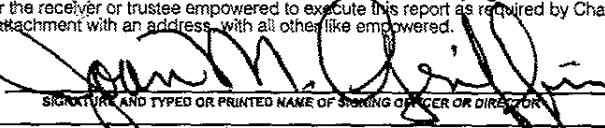


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # P00000036234 1. Entity Name JOANIE'S BLUE CRAB CAFE, INC.			
Principal Place of Business P.O. BOX 383 EVERGLADES CITY, FL 33139		Mailing Address P.O. BOX 383 EVERGLADES CITY, FL 33139	
DO NOT WRITE IN THIS SPACE			
 02262007 No Chg-P CR2E034 (11/05)			
4. FEI Number 65-1100647		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOSTH, CATHERINE M 501 GOODLETTE ROAD NORTH, D-304 NAPLES, FL 34102		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
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		U000000654160 03/13/07-80051-004 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, JOAN M 39395 TAMiami TRAIL EAST OCHOPEE, FL 34141	DO NOT WRITE IN THIS SPACE	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date _____		Daytime Phone # _____	