

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013294

Entity Name: DON CRABB SERVICES INC

FILED  
Feb 10, 2009  
Secretary of State

**Current Principal Place of Business:**

11 MINNOW DR  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

11 MINNOW DR  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

FEI Number: 59-3695706      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRABB, DON  
11 MINNOW DR  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

CRABB, DONALD P PRES  
11 MINNOW DR  
ORMOND BEACH, FL 32174 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: DONALD P. CRABB

02/10/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CRABB, DON  
Address: 11 MINNOW DR  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: T ( ) Delete  
Name: CRABB, JULIE  
Address: 11 MINNOW DR  
City-St-Zip: ORMOND BEACH, FL 32174 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CRABB, DONALD P PRES  
Address: 11 MINNOW DR  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: T (X) Change ( ) Addition  
Name: CRABB, JULIE A T & VP  
Address: 11 MINNOW DR  
City-St-Zip: ORMOND BEACH, FL 32174 US

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: DONALD P. CRABB

PRES

02/10/2009

Electronic Signature of Signing Officer or Director

Date