## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State** DOCUMENT # P02000119556 02-23-2004 90018 040 \*\*\*150.00 1. Entity Name LEE COUNTY STONE CRAB, INC. Mailing Address Principal Place of Business \* 6001 MARIA DRIVE **6001 MARIA DRIVE** ST JAMES CITY, FL 33956 ST JAMES CITY, FL 33956 01152004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 68-0529518 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATRICK, JOHN DO NOT WRITE 6001 MARIA DRIVE ST JAMES CITY, FL 33956 IN THIS SPACE atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this the obligations of registered agen John Patrick President SIGNATURE ne of registered agent and title if applicable 9. Election Campaign Financing FILE NÓW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. n TITLE PATRICK, JOHN NAME STREET ADDRESS 6001 MARIA DRIVE ST JAMES CITY, FL 33956 CITY-ST-ZIP n GERZ, KIM NAME STREET ADDRESS 6001 MARIA DRIVE ST JAMES CITY, FL 33956 CITY-ST-ZIP TITLE Futch, Franklin NAME STREET ADDRESS 6001 Maria Drive DO NOT WRITE CITY-ST-ZIP St James, city FL 33956 Futch, Harold IN THIS SPACE NAME 6001 MOVIA, Drive STREET ADDRESS St James City Fl 33956 CITY-ST-ZIP TITLE D Futch, Gary 6001 Maria, Drive NAME STREET ADDRESS 6t James City F133956 CITY-ST-ZIP O Spearing, Charles TITLE NAME GOOI Maria Drive STREET ADDRESS St. James city, FL 33956 CITY-ST-ZIP 12. I hereby certify that the information supplied with his filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue 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 ecciver 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 pither like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 23, 2004 8:00 am

283-1173

Date

## Officers and Directors Cont

Title - O Name - Cutinna, Roy Abiress - 6001 Maria Drive City-ST-ZID-St James City, FL 33956

Title-O Name - McClenithan, Norman Address-6001 Maria Drive City-st-Zip - St. James City, FL 33956 Attachment #P02000119556 44011411