

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000119556

1. Entity Name
LEE COUNTY STONE CRAB, INC.



Principal Place of Business
6001 MARIA DRIVE
ST JAMES CITY, FL 33956

Mailing Address
6001 MARIA DRIVE
ST JAMES CITY, FL 33956

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
68-0529518

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ **Applied For**
☐ **Not Applicable**

6. Name and Address of Current Registered Agent

PATRICK, JOHN
6001 MARIA DRIVE
ST JAMES CITY, FL 33956

**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

John Patrick
Signature, typed or printed name of registered agent and title if applicable.

John Patrick
(NOTE: Registered Agent's signature required when reinstating)

1-7-04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PATRICK, JOHN
STREET ADDRESS	6001 MARIA DRIVE
CITY-STATE-ZIP	ST JAMES CITY, FL 33956
TITLE	D
NAME	GERZ, KIM
STREET ADDRESS	6001 MARIA DRIVE
CITY-STATE-ZIP	ST JAMES CITY, FL 33956
TITLE	D
NAME	FUTCH, FRANKLIN
STREET ADDRESS	6001 MARIA DRIVE
CITY-STATE-ZIP	SAINT JAMES CITY, FL 33956
TITLE	D
NAME	FUTCH, HAROLD
STREET ADDRESS	6001 MARIA DRIVE
CITY-STATE-ZIP	SAINT JAMES CITY, FL 33956
TITLE	D
NAME	FUTCH, GARY
STREET ADDRESS	6001 MARIA DRIVE
CITY-STATE-ZIP	SAINT JAMES CITY, FL 33956
TITLE	D
NAME	SPEARING, CHARLES
STREET ADDRESS	6001 MARIA DRIVE
CITY-STATE-ZIP	SAINT JAMES CITY, FL 33956

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:

John Patrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-04
Date

Daytime Phone #