## 2005 FOR PROFIT CORPORATION

## Secretary of State **ANNUAL REPORT** 05-02-2005 90969 002 \*\*\*150.00 **DOCUMENT # P03000050642** 1. Entity Name CRAB COVE, INC. 400/0122 Principal Place of Business Mailing Address 13475 N. INDIAN RIVER DR. 13475 N. INDIAN RIVER DR. SEBASTIAN, FL 32958-3457 SEBASTIAN, FL 32958-3457 2. Principal Place of Business 3. Mailing Address 12924 N. Highway A1A 12924 N. Highway AlA Suite, Apt. #, etc. Suite, Apt. #, etc. 04012005 CR2E034 (10/03) Cha-P Vero Beach, Florida Vero Beach. Florida 4. FEI Number Applied For 87-0700905 Not Applicable Country \$8.75 Additional 32963-9419 32963-9419 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Juliet M. Bruno BRUNO, JULIET M Street Address (P.O. Box Number is Not Acceptable) 12924 N. Highway AlA 13475 N. INDIAN RIVER DR. SEBASTIAN, FL 32958-3457 City Vero Beach **FL** 32963-9419 nity submits this statement or 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 the obligations of Juliet M. Bruno President SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PST Thange Addition Delete TITLE TITLE Juliet M. Bruno 12924 N. Highway A1A Vero BEach, Florida 32963-9419 NAME BRUNO, JULIET M NAME 13475 N. INDIAN RIVER DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBASTIAN, FL 329583457 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition THTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. Withput other like empowered.

Milet M. Bruno President

SIGNATURE:

**FILED** 

May 02, 2005 8:00 am