## 2007 FOR PROFIT CORPORATION

## Mar 28, 2007 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P03000081827 03-28-2007 90010 031 \*\*\*150.00 CRAB HOUSE OF PINELLAS, INC. Principal Place of Business Mailing Address 40040000 811 9TH ST. SOUTH 811 9TH ST. SOUTH ST. PETERSBURG, FL 33705 ST. PETERSBURG, FL 33705 No Chg-P CR2E034 (11/05) 03232007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 56-2378825 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NGUYEN, THINH H DO NOT WRITE 811 9TH ST. SOUTH ST. PETERSBURG, FL 33705 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS PS TITLE NAME NGUYEN, THINH H STREET ADDRESS 811 9TH ST. SOUTH ST. PETERSBURG, FL 33705 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE

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

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED