

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107147

Entity Name: GRIMM'S STONE CRAB, INC.

FILED
Mar 10, 2008
Secretary of State

Current Principal Place of Business:

205 COPELAND AVENUE NORTH
EVERGLADES CITY, FL 34139

New Principal Place of Business:

919 DUPONT RD
EVERGLADES CITY, FL 34139

Current Mailing Address:

205 COPELAND AVENUE NORTH
EVERGLADES CITY, FL 34139

New Mailing Address:

P.O. BOX 230
EVERGLADES CITY, FL 34139

FEI Number: 30-0212638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIMM, WANDA J
205 COPELAND AVENUE NORTH
EVERGLADES CITY, FL 34139 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRIMM, WANDA J
Address: P.O. BOX 81
City-St-Zip: EVERGLADES CITY, FL 34139

Title: D () Delete
Name: GRIMM, JR, HOWELL W
Address: PO BOX 36
City-St-Zip: EVERGLADES CITY, FL 34139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HOWELL GRIMM JR.

MGR

03/10/2008

Electronic Signature of Signing Officer or Director

Date