


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90015 028 ***150.00

DOCUMENT # P03000149639					
1. Entity Name PCB CRAB, INC.					
Principal Place of Business 3652 BENEVA WOODS BLVD. SARASOTA, FL 34233 9800 FRONT BEACH ROAD PANAMA CITY BEACH, FL			Mailing Address 3652 BENEVA WOODS BLVD. SARASOTA, FL 34233 9800 FRONT BEACH RD PANAMA CITY BEACH, FL		
2. Principal Place of Business 9800 Front Beach Road			3. Mailing Address PO Box 19497 SAME		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Panama City Beach, FL			City & State PANAMA CITY BEACH, FL		
Zip 32407		Country USA		4. FEI Number 20-0475292	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HUSTON, GARY W 125 W. ROMANA STREET SUITE 800 PENSACOLA, FL 32502 JOHN P. FRESTEL, JR				7. Name and Address of New Registered Agent Name JOHN P. FRESTEL, JR Street Address (P.O. Box Number is Not Acceptable) 14008 PELICAN ST City PANAMA CITY BEACH FL Zip Code	
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: <u>John P. Frestel, Jr</u> DIRECTOR <u>7/6/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John P Frestel, Jr 3652 Beneva woods Blvd Sarasota, FL 32433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>John P. Frestel, Jr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7/6/04</u> <small>Daytime Phone #</small>		

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