

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000149639

1. Entity Name  
PCB CRAB, INC.



Principal Place of Business  
9800 FRONT BEACH ROAD  
PANAMA CITY BEACH, FL 32407

Mailing Address  
9800 FRONT BEACH ROAD  
PANAMA CITY BEACH, FL 32407

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Aug 29, 2008 08:00 AM**  
**Secretary of State**



08262008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0475292

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

FRESTEL, JOHN P JR  
50 CENTRAL AVE #1105  
SARASOTA, FL 34236

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRESTEL, JOHN P JR 50 CENTRAL AVE #1105 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERSEY, KENNETH W 14220 ROYAL HARBOUR CT. UNIT 507 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000958604  
08/29/08-80003-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/08  
Date

252-441-9912  
Daytime Phone #