2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ANNUAL REPORT Apr 24, 2008 08:00 AN Secretary of State DOCUMENT # P04000030662 1. Entity Name CRACKER DAN'S, INC. Principal Place of Business Mailing Address 1011 17TH ST. N 1011 17TH ST. N ST. PETERSBURG, FL 33713 ST. PETERSBURG, FL 33713 US 04062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0734532 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent COOK, DANIEL D DO NOT WRITE 1011 17TH \$T. N. ST. PETERSBURG, FL 33713 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 re, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000918573 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS P/D TITLE COOK, DANIEL D NAME 1011 17TH ST N. STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33713 TITLE NAME STREET ADDRESS C/TY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

HALLO MI COOR MALE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/08 420-3124.

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