

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90034 028 ***150.00

DOCUMENT # P04000038558

1. Entity Name

FRANKIE'S CRAB HOUSE, INC.



Principal Place of Business

1456 PINE STREET
NICEVILLE FL 32578
US

Mailing Address

1456 PINE STREET
NICEVILLE FL 32578
US

2. Principal Place of Business

398 W. JOHN SIMS PKY
Suite, Apt. #, etc.

3. Mailing Address

JAME
Suite, Apt. #, etc.

City & State

NICEVILLE

Zip
32578

Country

City & State

FLORIDA

Zip

Country

4. FEI Number

56-2961391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCORMICK, BELINDA
1456 PINE STREET
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Belinda C. McCormick

(NOTE: Registered Agent signature required when reinstating)

02.05.05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P,VP
NAME MCCORMICK, BELINDA
STREET ADDRESS 1456 PINE STREET
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Belinda C. McCormick

BELINDA C. MCCORMICK

Date

02.05.05

Daytime Phone #

850 -

678-1020