

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90280 013 ***150.00

DOCUMENT # P04000058561

1. Entity Name

CEDAR KEY FISH & CRAB OF HOMOSASSA INC.



Principal Place of Business

5590 S. BOULEVARD DRIVE
HOMOSASSA FL 34448

Mailing Address

5590 S BOULEIARD DR
HOMOSASSA FL 34448

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3716327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LAWSON, JO ANNE R
2370 S. BOLTON AVE.
HOMOSASSA FL 34448

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, MARSHALL L JR	
STREET ADDRESS	2370 S. BOLTON AVE	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAWSON, JOHN L	
STREET ADDRESS	5363 S. BOULEVARD DRIVE	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, CHERYL L	
STREET ADDRESS	2370 S. BOLTON AVE	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAWSON, JO ANNE R	
STREET ADDRESS	5363 S. BOULEVARD DRIVE	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

John L. Lawson JOANNE LAWSON 3-17-06 352 6282452