2008 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P04000089431

1. Entity Name

CRA-SEA STRUCTURES, INC.



FILED Feb 18, 2008 08:00 AM Secretary of State

Principal Place of Business

508 HILLCREST AVENUE TARPON SPRINGS, FL 34689 Mailing Address

508 HILLCREST AVENUE TARPON SPRINGS, FL. 34689



01072008

No Chg-P

CR2E034 (11/05)

4. FEI Number 86-1109361 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DRAKE, CRAIG 508 HILLCREST AVENUE TARPON SPRINGS, FL 34689

SIGNATURE.

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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.	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees DATE

02/25/08-80084-010 150.00

After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME DRAKE, CRAIG STREET ADDRESS **508 HILLCREST AVENUE** TARPON SPRINGS, FL 34689 CITY-ST-ZIP TITLE NAME DRAKE, SEAN STREET ADDRESS **508 HILLCREST AVENUE** CITY-ST-ZIP TARPON SPRINGS, FL 34689 TITLE NAME BURRIS, ERICA M STREET ADDRESS **508 HILLCREST AVE** CITY-ST-ZIP TARPON SPRINGS, FL 34689 TITLE NAME STREET ADORESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DL