

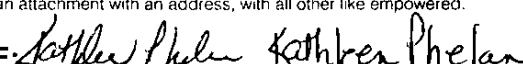


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90083 049 ***150.00

DOCUMENT # P04000171997 1. Entity Name PINCHERS CRAB SHACK-WATERFRONT, INC.			
Principal Place of Business 13021 N. CLEVELAND AVENUE FORT MEYERS, FL 33903		Mailing Address 28580 BONITA CROSSING BLVD. BONITA SPRINGS, FL 34135	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 18148 CUTLASS Dr. Suite, Apt. #, etc.	
City & State FT. Myers Beach FL		4. FEI Number 42-2010210	
Zip 33931		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PHELAN, KATHLEEN M 28580 BONITA CROSSING BLVD. BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name 18148 CUTLASS Drive Street Address, P.O. Box Number is Not Acceptable FT. Myers Beach FL City, State, Zip 33931	
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:  (NOTE: Registered Agent signature required when reinstating) DATE:			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHELAN, ANTHONY 18148 CUTLASS DRIVE FORT MYERS BEACH, FL 33931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PHELAN, KATHLEEN 18148 CUTLASS DRIVE FORT MYERS BEACH, FL 33931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		4/15/08 239-267-4478	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	