05/17/2005 03:59 9415926469 PINCHERS CRAI

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May 26, 2005 8:00 am
Secretary of State
04-18-2005 90343 021 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000172017

1. Entity Name
PINCHERS CRAB SHACK-MCGREGOR, INC.

66019361

Principal Place of Business	Mailing Address
15271 MCGREGOR BLVD. UNIT 1 FORT MYERS, FL 33908	28580 BONITA CROSSING BLVD BONITA SPRINGS, FL 34135

2. Principal Place of Business	3. Mailing Address
Suite, Apt., #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / County	Zip / County

03302005 Chg-P CR2E034 (10/00)

4. FEI Number 42-2070214 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHELAN, KATHKEEN M
28580 BONITA CROSSING BLVD.
BONITA SPRINGS, FL 34135

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 _____ DATE

FILE NOW!!! FEE $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Anthony Phelan 18148 Curlass Dr. Fort Myers, FL 33931 ☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Treasurer Kathleen Phelan 18148 Curlass Dr Fort Myers, FL 33931 ☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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: Kathleen Phelan Kathleen Phelan 4/12/05 239-267-4478
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #