

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-21-2008 90083 050 \*\*\*150.00

<b>DOCUMENT # P04000172017</b> 1. Entity Name <b>PINCHERS CRAB SHACK-MCGREGOR, INC.</b>			
Principal Place of Business <b>15271 MCGREGOR BLVD. UNIT 1 FORT MYERS, FL 33908</b>		Mailing Address <b>28580 BONITA CROSSING BLVD BONITA SPRINGS, FL 34135</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>18148 Cutlass Dr.</b> Suite, Apt. #, etc.	
City & State <b>Fort Myers Beach, FL</b>		4. FEI Number <b>43-2070214</b>	
Zip <b>33931</b>		Country <b>FL</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <b>PHELAN, KATHKEEN M 28580 BONITA CROSSING BLVD. BONITA SPRINGS, FL 34135</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>18148 Cutlass Drive</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FT. MYERS BEACH FL 33931</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>PHELAN, ANTHONY</b> <b>18148 CUTLASS DR</b> <b>FORT MYERS BEACH, FL 33931</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE: Kathleen Phelan Kathleen Phelan</b>		<b>4/15/08 239-267-4478</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	