

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000050893

Entity Name: RUSTY CRUM SEAFOOD, INC.

FILED
Jul 06, 2006
Secretary of State

Current Principal Place of Business:

1 WILDFLOWER LANE
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

1 WILDFLOWER LANE
APALACHICOLA, FL 32320

New Mailing Address:

FEI Number: 20-2622463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUM, DONNIE R
1 WILDFLOWER LANE
APALACHICOLA, FL 32320 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRUM, DONNIE R
Address: 1 WILDFLOWER LANE
City-St-Zip: APALACHICOLA, FL 32320 US

Title: VP () Delete
Name: CRUM, DONNA W
Address: 1 WILDFLOWER LANE
City-St-Zip: APALACHICOLA, FL 32320 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA CRUM

VP

07/06/2006

Electronic Signature of Signing Officer or Director

_____ Date