

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90178 034 ***150.00

DOCUMENT # P05000147070

1. Entity Name

THE CRAB BAIT COMPANY, INC.



Principal Place of Business

1817 FORT DUQUESNA DR.
SUN CITY CENTER, FL 33573

Mailing Address

2502 HINGHAM LANE
CENTERVILLE, OH 45459

DO NOT WRITE IN THIS SPACE



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number

20-3830675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAY, ART
~~1718 DUQUESNA DRIVE~~
SUN CITY CENTER, FL 33573

1817 FT. DUQUESNA DR.
(SEE ABOVE)
PRIN. PL. OF BUSI.

**DO NOT WRITE
IN THIS SPACE**

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 ART MAY, V. PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

4-14-07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES
LEE, MICHAEL A
2502 HINGHAM LANE
CENTERVILLE, OH 45459

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
MAY, ART
~~1718 DUQUESNA DRIVE~~
SUN CITY CENTER, FL 33573

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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: ART MAY, V. PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-07 813-210-6795