

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-05-2008 90034 043 ***150.00

DOCUMENT # P06000090488	
1. Entity Name COOL AID CRAB SHACK INC	

Principal Place of Business 2802 S. BAY ST. EUSTIS FL 32726	Mailing Address 2802 S. BAY ST. EUSTIS FL 32726
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

5. Name and Address of Current Registered Agent HENDERSON, RUSSELL 420 GRANT AVENUE MT DORA FL 32757	
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4. FEI Number 20-5468967	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name Russell Henderson	
Street Address (P.O. Box Number is Not Acceptable) 689 S. Htsdale Rd.	
City Yonkers	FL Zip Code 32784

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 <i>Russell Henderson</i>	DATE 3/17/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☐ Delete	TITLE Audra L Whitehead	☒ Change ☐ Addition
NAME WHITEHEAD, AUDRA L		NAME Audra L Whitehead	
STREET ADDRESS 420 GRANT AVENUE		STREET ADDRESS PO BOX 1161	
CITY-ST-ZIP MT DORA FL 32757		CITY-ST-ZIP MT DORA, FL 32756-1161	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 507, 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: <i>Audra Whitehead</i>	DATE 3/17/08