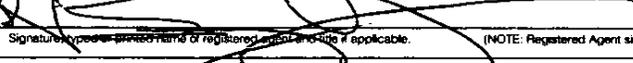
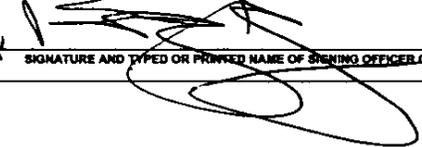


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90012 041 ***150.00

DOCUMENT # P07000048864			
1. Entity Name THE CRAB CAKE FACTORY, INC.			
Principal Place of Business 2 INDEPENDENT DRIVE SUITE 175 JACKSONVILLE, FL 32202		Mailing Address 2 INDEPENDENT DRIVE SUITE 175 JACKSONVILLE, FL 32202	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent YOUSEFZADEH, BENYAMIN 2 INDEPENDENT DRIVE SUITE 175 JACKSONVILLE, FL 32202		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	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUSEFZADEH, LOROS	NAME	
STREET ADDRESS	2 INDEPENDENT DRIVE #175	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32202	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUSEFZADEH, BENYAMIN	NAME	
STREET ADDRESS	2 INDEPENDENT DRIVE #175	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32202	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VONGDARA, KHONSAVAN	NAME	
STREET ADDRESS	339 SUMMER SPRING COURT	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32225	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, FRANK E	NAME	
STREET ADDRESS	1191 OLDFIELD POINT DRIVE	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32223	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	