

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048864

FILED
Mar 10, 2009
Secretary of State

Entity Name: THE CRAB CAKE FACTORY, INC.

Current Principal Place of Business:

2 INDEPENDENT DRIVE
SUITE 175
JACKSONVILLE, FL 32202

New Principal Place of Business:

1396 BEACH BLVD
JACKSONVILLE, FL 32250

Current Mailing Address:

2 INDEPENDENT DRIVE
SUITE 175
JACKSONVILLE, FL 32202

New Mailing Address:

1396 BEACH BLVD
JACKSONVILLE, FL 32250

FEI Number: 20-8910365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUSEFZADEH, BENYAMIN
2 INDEPENDENT DRIVE
SUITE 175
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

YOUSEFZADEH, NICOLE
1396 BEACH BLVD
JACKSONVILLE, FL 32250 US

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: NICOLE YOUSEFZADEH

03/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: YOUSEFZADEH, LOROS
Address: 2 INDEPENDENT DRIVE #175
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: YOUSEFZADEH, BENYAMIN
Address: 2 INDEPENDENT DRIVE #175
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: VONGDARA, KHONSAVAN
Address: 339 SUMMER SPRING COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Delete
Name: TURNER, FRANK E
Address: 1191 OLDFIELD POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: YOUSEFZADEH, NICOLE
Address: 2052 E CLOVELLY LANE
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D (X) Change () Addition
Name: VONGDARA, KHONSAVAN
Address: 339 SUMMER SPRING COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Change () Addition
Name: TURNER, FRANK E
Address: 1396 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32250

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

I hereby certify that the information supplied with this filing does not qualify 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: NICOLE YOUSEFZADEH

D

03/10/2009

Electronic Signature of Signing Officer or Director

Date