

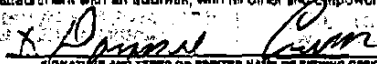


**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91022 045 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P94000000309</b> 1. Entity Name <b>DONNIE CRUM SEAFOOD, INC.</b>			
Principal Place of Business <b>P.O. BOX 418                  EASTPOINT, FL 32328</b>		Mailing Address <b>P.O. BOX 418                  EASTPOINT, FL 32328</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3220249</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MAXWELL, D.E.                  606 HWY 98                  EASTPOINT, FL 32328</b>		7. Name and Address of New Registered Agent Name <b>PAUL MARXSEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>108 SE AVE B</b> City <b>CARRABELLE</b> FL Zip Code <b>32322</b>	
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: <b>4-30-04</b>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing True: Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D CRUM, DONNIE L P.O. BOX 418 N/A EASTPOINT, FL 32328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D CRUM, JEAN M P.O. BOX 418 N/A EASTPOINT, FL 32328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DV CRUM, TIMOTHY L 178 FOXRUN CIRCLE CRAWFORDVILLE, FL 32327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(9)(f), Florida Statutes. I further certify that this information included 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: <b>4-30-04</b> Daytime Phone:	

94081756



04302004 Chg-P CF2E034 (10/03)

4. FEI Number  
**59-3220249**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing True: Fund Contribution.  \$5.00 May Be Added to Fees

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SIGNATURE:  Date: **4-30-04**  
 Daytime Phone: