


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000000309
 1. Entity Name
 DONNIE CRUM SEAFOOD, INC.



Principal Place of Business Mailing Address
 P.O. BOX 418 P.O. BOX 418
 EASTPOINT, FL 32328 EASTPOINT, FL 32328

DO NOT WRITE IN THIS SPACE



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3220249 Not Applicable

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

6. Name and Address of Current Registered Agent
 MARXSEN, PAUL
 108 SE AVE. B
 CARRABELLE, FL 32322

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature, required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRUM, DONNIE L
STREET ADDRESS	P.O. BOX 418 N/A
CITY-ST-ZIP	EASTPOINT, FL 32328
TITLE	D
NAME	CRUM, JEAN M
STREET ADDRESS	P.O. BOX 418 N/A
CITY-ST-ZIP	EASTPOINT, FL 32328
TITLE	DV
NAME	CRUM, TIMOTHY L
STREET ADDRESS	178 FOXRUN CIRCLE
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: Donnie L. Crum Date: 3-16-05 Daytime Phone #: 670-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR