


**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 P.O. BOX 418 EASTPOINT, FL 32328	Mailing Address P.O. BOX 418 EASTPOINT, FL 32328
--	--

DO NOT WRITE IN THIS SPACE

01282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3220249	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARXSEN, PAUL
108 SE AVE. B
CARRABELLE, FL 32322

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

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

U00000268232
03/18/05-80034-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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