2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000053883

1. Entity Name

THE CRABAPPLE TREE, INC.



FILED Mar 17, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

200 FIRST STREET

200 FIRST STREET

NEPTUNE BEACH, FL 32266

NEPTUNE BEACH, FL 32266



DO NOT WRITE IN THIS SPACE

03042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2398755 Applied For
Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LINGER, DAVID M 302 THIRD ST., STE. 5 NEPTUNE BEACH, FL 32266

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 Signature, typed or printed name of registered agent and title 4 applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOWIN FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS HICKS, SHELBY 200 FIRST STREET NEPTUNE BEACH, FL 32266			100000859626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			04/02/08-80029-020 150.00 DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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: \(\)

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/08 249-2922 Daving Proper