

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90083 004 \*\*\*150.00

<b>DOCUMENT # P98000095212</b> 1. Entity Name <b>PINCHERS CRAB SHACK OF BONITA SPRINGS, INC.</b>					
Principal Place of Business <b>3300 BONITA BCH RD., UNIT 120 BONITA SPRINGS/FT MYERS, FL 33923</b>			Mailing Address <b>253 JOHNNY CAKE DR NAPLES, FL 34110</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>18148 Cuthass Dr.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>FT. Myers Beach</b>			
Zip	Country	Zip <b>33931</b>	Country	4. FEI Number <b>59-3593985</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COLEMAN, ROBERT M. JR CPA 1400 A 15TH ST. NORTH IMMOKALEE, FL 34142</b>			7. Name and Address of New Registered Agent Name <b>Kathleen M. Phelan</b> Street Address (P.O. Box Number is Not Acceptable) <b>18148 Cuthass Drive</b> City <b>FT. Myers Beach FL</b> Zip <b>33931</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD <b>PHELAN, ANTHONY L</b> <b>253 JOHNNYCAKE</b> <b>NAPLES, FL 34110</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18148 Cuthass Drive</b> <b>FT. Myers Beach, FL 33931</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>PHELAN, KATHLEEN</b> <b>253 JOHNNYCAKE</b> <b>NAPLES, FL 34110</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18148 Cuthass Drive</b> <b>FT. Myers Beach, FL 33931</b>	
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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	
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	
12. I hereby certify that the information supplied with this filing 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.					
<b>SIGNATURE:</b> <i>Kathleen Phelan</i> <b>Kathleen Phelan</b>			<b>4/15/08</b> <b>239-267-4478</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		