

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000095212

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** PINCHERS CRAB SHACK OF BONITA SPRINGS, INC.

**Current Principal Place of Business:**

3300 BONITA BCH RD., UNIT 120  
BONITA SPRINGS/FT MYERS, FL 33923

**New Principal Place of Business:**

28580 BONITA CROSSINGS BLVD  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

18148 CUTLASS DR  
FORT MYERS BEACH, FL 33931

**New Mailing Address:**

28089 VANDERBILT DR  
SUITE # 102  
BONITA SPRINGS, FL 34134

**FEI Number:** 59-3593985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PHELAN, KATHLEEN M  
18148 CUTLASS DRIVE  
FORT MYERS BEACH, FL 33931 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVD ( ) Delete  
Name: PHELAN, ANTHONY L  
Address: 18148 CUTLASS DRIVE  
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: STD ( ) Delete  
Name: PHELAN, KATHLEEN  
Address: 18148 CUTLASS DRIVE  
City-St-Zip: FORT MYERS BEACH, FL 33931

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN PHELAN

STD

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date