2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 06, 2004 08:00 AM DOCUMENT # P9900063392 **Secretary of State** 1. Entity Name CRAB TRAP, INCORPORATED Principal Place of Business Mailing Address 2957 TIVOLI AVE. PALM BAY FL 32909 2957 TIVOLI AVE. PALM BAY FL 32909 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 65-0952395 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHELTON, SANDY Street Address (P.O. Box Number is Not Acceptable) 2957 TIVOLI AVE SE PALM BAY FL 32909 Zip Code 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 little if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS DPVP ☐ Delete ☐ Addition TITLE TITLE SHELTON, SANDRA NAME NAME STREET ADDRESS U00000079309 2957 TIVOLI AVE. STREET ADDRESS CITY -ST-ZIP PALM BAY FL 32909 CITY-ST-ZIP 03/08/04-80060-023 ☐ Change Addition TITLE ☐ Delete TITLE SHELTON, SANDRA NAME STREET ADDRESS STREET ADDRESS 2957 TIVOLI AVE. PALM BAY FL 32909 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TIBLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- RP CRY-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 all other like empowered.

SIGNATURE:

Samba Shelfon 03/04/04/32/724/0009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date