


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90013 027 ***150.00

DOCUMENT # P99000065007			
1. Entity Name WATERFRONT CRAB SHACK, INC.			
Principal Place of Business 104 MIRACLE STRIP PKWY. S.W. FT. WALTON BEACH, FL 32548		Mailing Address 104 MIRACLE STRIP PKWY. S.W. FT. WALTON BEACH, FL 32548	
2. Principal Place of Business		3. Mailing Address P.O. Box 1900	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FL Walton Beach FL	
Zip	Country	Zip	Country
		32549	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PAGLIARI, EMIL 519 WILLIAMS AVE EAST CRESTVIEW, FL 32539		Name Street Address (P.O. Box Number is Not Acceptable) 1526 Heritage Road City FL Walton Beach FL Zip Code 32547	
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 <i>Emil Pagliari</i>		DATE 4/5/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PAGLIARI, EMIL R 1526 HERITAGE RD. FORT WALTON BEACH, FL 32547 <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	ST PAGLIARI, EMIL 1526 HERITAGE RD. FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 fees empowered.			
SIGNATURE: <i>Emil Pagliari</i>		DATE 4/5/04 (850) 803-4165	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

29031414



04022004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3588321 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**