

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000086278**

1. Entity Name  
**LEWIS STONE CRABS, INC.**



Principal Place of Business

**351 FAITH AVENUE  
OSPREY, FL 34229**

Mailing Address

**351 FAITH AVENUE  
OSPREY, FL 34229**

**DO NOT WRITE IN THIS SPACE**



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0861751**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCGINNESS, W. LEE  
1800 SECOND STREET  
SUITE 971  
SARASOTA, FL 34236**

**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 if applicable.

(NOTE: Registered Agent signature required when re-listing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000323903  
04/22/05-80067-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEWIS, MILES S
STREET ADDRESS	351 FAITH AVE
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	VPSD
NAME	LEWIS, MARGARET A
STREET ADDRESS	351 FAITH AV
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	TD
NAME	MILLER, JOYCE
STREET ADDRESS	1049 STOEGER AVE.
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Margaret A Lewis*  
VICE PRESIDENT  
MARGARET A. LEWIS

Date

4-19-05 941-966-2867

Daytime Phone #