

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 08:00
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**



05082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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	

U000000764637
05/31/07-80004-006 300.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Margaret A Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-07
Date

941 966 2867
Daytime Phone #