


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S61229</b> 1. Entity Name THE CRAZY CONCH, INC.	
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Principal Place of Business 4300 DEERWOOD TRL. MELBOURNE, FL 32934 US	Mailing Address 4300 DEERWOOD TRL. MELBOURNE, FL 32934 US
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**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0349353	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  REINMAN + KOSTRO 1825 RIVERVIEW DR MELBOURNE, FL 32901
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, MARGARET A. 4300 DEERWOOD TRAIL MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLIAMS, ALEXANDER L. 4300 DEERWOOD TRAIL MELBOURNE, FL 32934
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02/05/07-80036-011 150.00

**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: <i>Margaret A. Williams</i> MARGARET A. WILLIAMS P.N.S. 321-254-2417	Date _____	Daytime Phone # _____
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