·]		United District						1		Voluntary	Petition
Name of De Crab Sha	,	ividual, ente	er Last, First	, Middle):			Name	of Joint De	ebtor (Spouse	(Last, First	, Middle):	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):							used by the I maiden, and		in the last 8 years):			
Last four dig (if more than one 56-20948	, state all)	Sec. or Indi	vidual-Taxp	ayer I.D. (ITIN)/Com	plete EIN		our digits o than one, state		· Individual-	Taxpayer I.D. (ITIN) N	o./Complete EIN
Street Addre 144 Shor Salter Pa	ss of Debto re Drive	or (No. and S	Street, City,	and State)	:	ZID Code		Address of	Joint Debtor	(No. and St	reet, City, and State):	ZID Code
					Г	ZIP Code 28575	<u>;</u>					ZIP Code
County of Ro Carteret	esidence or	of the Princ	cipal Place o	f Busines:	s:		Count	y of Reside	ence or of the	Principal Pl	ace of Business:	
Mailing Add P.O. Box Salter Pa	101	otor (if diffe	rent from str	eet addres	ss):		Mailir	ng Address	of Joint Debt	or (if differe	nt from street address):	
	,				г	ZIP Code	<u>: </u>					ZIP Code
Location of I (if different f	Principal A	ssets of Bus address abo	iness Debto ve):		44 Shore alter Path		575					1
		f Debtor				of Business	5		-	-	ptcy Code Under Whi	ch
 (Form of Organization) (Check one box) ☐ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. ☐ Corporation (includes LLC and LLP) ☐ Partnership ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.) 			(Check one box) ☐ Health Care Business ☐ Single Asset Real Estate as defi in 11 U.S.C. § 101 (51B) ☐ Railroad ☐ Stockbroker ☐ Commodity Broker ☐ Clearing Bank ☐ Other		s defined	☐ Chapt ☐ Chapt ☐ Chapt ☐ Chapt ☐ Chapt	er 7 er 9 er 11 er 12	C of Of	iled (Check one box) hapter 15 Petition for R f a Foreign Main Procee hapter 15 Petition for R f a Foreign Nonmain Pr	eding ecognition		
G	-	15 Debtors		Otn		mnt Entity	7	1			e of Debts k one box)	
Country of de Each country by, regarding,	in which a fe	oreign procee	ding	Tax-Exempt Entity (Check box, if applicable) □ Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		le) zation tates	"incurred by an individual primarily for					
	Fi	ling Fee (Cl	heck one bo	x)			one box:		-	ter 11 Debt		
Full Filing Filing Fee attach sign	to be paid in	n installments	(applicable to			Check	Debtor is not if:	a small busi	ness debtor as o	defined in 11 V	C. § 101(51D). U.S.C. § 101(51D).	
			installments.					otor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter).				
Filing Fee attach sign			ible to chapter art's considerar			BB.	Acceptances	ng filed with of the plan w	this petition. were solicited pr S.C. § 1126(b).	repetition fron	n one or more classes of cr	editors,
Statistical/A										THIS	S SPACE IS FOR COURT	USE ONLY
Debtor es	stimates tha	it, after any		erty is ex	cluded and	administrat		es paid,				
Estimated Nu				_	_		_	_	_	-		
1- 49	50- 99	100- 199	200- 999	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000			
Estimated As	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion				
Estimated Li \$0 to \$50,000	abilities \$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion				

Case 13-03358-8-RDD Doc 1 Filed 05/23/13 Entered 05/23/13 14:20:05 Page 2 of 7

B1 (Official Fori	m 1)(04/13)		Page 2		
Voluntary	y Petition	Name of Debtor(s): Crab Shack, Inc.			
(This page mus	st be completed and filed in every case)	Crab Chack, mo.			
	All Prior Bankruptcy Cases Filed Within Last		ditional sheet)		
Location Where Filed:	- None -	Case Number:	Date Filed:		
Location Where Filed:		Case Number:	Date Filed:		
Per	nding Bankruptcy Case Filed by any Spouse, Partner, or	Affiliate of this Debtor (If more than	one, attach additional sheet)		
Name of Debto	or:	Case Number:	Date Filed:		
District:		Relationship:	Judge:		
forms 10K ar pursuant to S and is reques	Exhibit A leted if debtor is required to file periodic reports (e.g., and 10Q) with the Securities and Exchange Commission ection 13 or 15(d) of the Securities Exchange Act of 1934 ting relief under chapter 11.) A is attached and made a part of this petition.	Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b). X Signature of Attorney for Debtor(s) (Date)			
	Exh r own or have possession of any property that poses or is alleged to Exhibit C is attached and made a part of this petition.	ibit C pose a threat of imminent and identifiable	harm to public health or safety?		
☐ Exhibit I If this is a join	eted by every individual debtor. If a joint petition is filed, ea D completed and signed by the debtor is attached and made	a part of this petition.	separate Exhibit D.)		
	Information Regardin	ng the Debtor - Venue			
- - -	 (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. □ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. 				
	Certification by a Debtor Who Reside (Check all app		ty		
	Landlord has a judgment against the debtor for possession		complete the following.)		
	(Name of landlord that obtained judgment) (Address of landlord)				
	Debtor claims that under applicable nonbankruptcy law, the entire monetary default that gave rise to the judgment be				
	Debtor has included with this petition the deposit with the after the filing of the petition.		-		
Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).					

B1 (Official Form 1)(04/13) Page 3

Voluntary Petition

(This page must be completed and filed in every case)

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of Attorney*

X /s/ Trawick H. Stubbs, Jr.

Signature of Attorney for Debtor(s)

Trawick H. Stubbs, Jr. 4221

Printed Name of Attorney for Debtor(s)

Stubbs & Perdue, P.A.

Firm Name

PO Box 1654

New Bern, NC 28563

Address

252-633-2700

Telephone Number

May 23, 2013

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

▼ /s/ Vernon Craig Guthrie

Signature of Authorized Individual

Vernon Craig Guthrie

Printed Name of Authorized Individual

President

Title of Authorized Individual

May 23, 2013

Date

Name of Debtor(s):

Crab Shack, Inc.

Signatures

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

_		_	
7	57		

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B4 (Official Form 4) (12/07)

United States Bankruptcy Court Eastern District of North Carolina - New Bern Division

In re	Crab Shack, Inc.	Case No.		
		Debtor(s)	Chapter	11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
N.C. Dept. of Revenue Attn: Managing Agent P.O. Box 1168 Raleigh, NC 27602	N.C. Dept. of Revenue Attn: Managing Agent P.O. Box 1168 Raleigh, NC 27602			128,863.08
Cheap Charlies Attn: Manager or Agent 608 E. Main Street Havelock, NC 28532	Cheap Charlies Attn: Manager or Agent 608 E. Main Street Havelock, NC 28532			3,363.92
Sherwin Williams Attn: Manager or Agent 219 W.B. McLean Blvd. Cape Carteret, NC 28584	Sherwin Williams Attn: Manager or Agent 219 W.B. McLean Blvd. Cape Carteret, NC 28584			342.62
Carteret Co Tax Collector Attn: Managing Agent 302 Courthouse Square Beaufort, NC 28516	Carteret Co Tax Collector Attn: Managing Agent 302 Courthouse Square Beaufort, NC 28516			Unknown
Employment Security Comm. Attn: Managing Agent P.O. Box 25903 Raleigh, NC 27611	Employment Security Comm. Attn: Managing Agent P.O. Box 25903 Raleigh, NC 27611			Unknown
Employment Security Comm. Attn: Managing Agent P.O. Box 25903 Raleigh, NC 27611	Employment Security Comm. Attn: Managing Agent P.O. Box 25903 Raleigh, NC 27611			11,000.00 (Unknown secured)
Internal Revenue Service Alamance Bldg Mail Stop 9 4905 Koger Blvd Ste 102 Greensboro, NC 27407	Internal Revenue Service Alamance Bldg Mail Stop 9 4905 Koger Blvd Ste 102 Greensboro, NC 27407			Unknown
Internal Revenue Service Alamance Bldg Mail Stop 9 4905 Koger Blvd Ste 102 Greensboro, NC 27407	Internal Revenue Service Alamance Bldg Mail Stop 9 4905 Koger Blvd Ste 102 Greensboro, NC 27407			Unknown (0.00 secured)
N.C. Dept. of Revenue Attn: Managing Agent P.O. Box 1168 Raleigh, NC 27602	N.C. Dept. of Revenue Attn: Managing Agent P.O. Box 1168 Raleigh, NC 27602			125,136.92 (Unknown secured)

cial Form 4) (12/07) - Cont. Crab Shack, Inc.		Case No.	
	Debtor(s)	·	

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
	DECLARATION INDEPENDENT			

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date	May 23, 2013	Signature	/s/ Vernon Craig Guthrie
			Vernon Craig Guthrie
			President

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court Eastern District of North Carolina - New Bern Division

In re	Crab Shack, Inc.		Case No.	
		Debtor(s)	Chapter	11
	VER	IFICATION OF CREDITOR	MATRIX	
I. the P	resident of the corporation named	as the debtor in this case, hereby verify that t	the attached list of	f creditors is true and correct to
	_	as the debtor in this case, hereby verify that t	are attached hist of	elections is true and correct to
the bes	t of my knowledge.			
Date:	May 23, 2013	/s/ Vernon Craig Guthrie		
		Vernon Craig Guthrie/Presiden	t	
		Signer/Title		

CRAB SHACK, INC. P.O. BOX 101 SALTER PATH, NC 28575 TRAWICK H. STUBBS, JR. STUBBS & PERDUE, P.A. PO BOX 1654
NEW BERN, NC 28563

SECURITIES & EXCHANGE COM OFFICE OF REORGANIZATION 950 E PACES FERRY RD NE 900 ATLANTA, GA 30326-1382

SECRETARY OF TREASURY ATTN: MANAGING AGENT 1500 PENNSYLVANIA AVE NW WASHINGTON, DC 20220 NC DEPT OF REVENUE ATTN: MANAGING AGENT PO BOX 1168 RALEIGH, NC 27602 EMPLOYMENT SECURITY COM. ATTN: MANAGING AGENT PO BOX 26504 RALEIGH, NC 27611-6504

UNITED STATES ATTORNEY 310 NEW BERN AVENUE FEDERAL BLDG SUITE 800 RALEIGH, NC 27601-1461 INTERNAL REVENUE SERVICE ATTN: MANAGING AGENT PO BOX 7346 PHILADELPHIA, PA 19101-7346

ALAMANCE BLDG MAIL STOP 24 4905 KOGER BLVD GREENSBORO, NC 27407-2734

CARTERET CO TAX COLLECTOR ATTN: MANAGING AGENT 302 COURTHOUSE SQUARE BEAUFORT, NC 28516 CHEAP CHARLIES
ATTN: MANAGER OR AGENT
608 E. MAIN STREET
HAVELOCK, NC 28532

DAVID D. LENNON ASSISTANT ATTORNEY GENERAL PO BOX 629 RALEIGH, NC 27602-0629

EMPLOYMENT SECURITY COMM. ATTN: MANAGING AGENT P.O. BOX 25903 RALEIGH, NC 27611 VERNON CRAIG GUTHRIE P.O. BOX 577 SALTER PATH, NC 28575 VERNON L. GUTHRIE P.O. BOX 275 SALTER PATH, NC 28575

INTERNAL REVENUE SERVICE ALAMANCE BLDG MAIL STOP 9 4905 KOGER BLVD STE 102 GREENSBORO, NC 27407 N.C. DEPT. OF REVENUE ATTN: MANAGING AGENT P.O. BOX 1168 RALEIGH, NC 27602 SHERWIN WILLIAMS ATTN: MANAGER OR AGENT 219 W.B. MCLEAN BLVD. CAPE CARTERET, NC 28584