## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000060823

Entity Name: CEDAR KEY CLAM COMPANY INC.

FILED Apr 11, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 134 CAMPBELL AVENUE 202 WHEET STREET ORANGE PARK, FL 32073 THOMASVILLE, GA 31792 **Current Mailing Address: New Mailing Address:** 134 CAMPBELL AVENUE 202 WHEET STREET ORANGE PARK, FL 32073 THOMASVILLE, GA 31792 FEI Number: 59-3311494 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLENDENIN, PATRICK CLENDENIN, PATRICK 134 CAMPBÉLL AVENUE 134 CAMPBÉLL STREET ORANGE PARK, FL 32073 US ORANGE PARK, FL 32073 US 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. SIGNATURE: 04/11/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition CLENDENIN, PATRICK CLENDENIN, PATRICK Name: Name: 134 CAMPBELL AVENUE 202 WHEET STREET Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: THOMASVILLE, GA 31792 Title: Title: () Delete () Change () Addition THOMPSON, KIMBERLY Name: Name: 201 CHARNIE DRIVE Address: Address: THOMAVILLE, GA 31792 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition CLENDENIN, ROBERT Name: Name: 420 PATTERSON STILL ROAD Address: Address: City-St-Zip: THOMASVILLE, GA 31792 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK CLENDENIN P 04/11/2008