

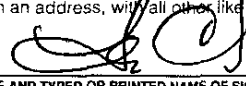


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90502 044 \*\*\*150.00

<b>DOCUMENT # P00000030555</b> 1. Entity Name <b>HAPPY CLAM FARMS, INC.</b>					
Principal Place of Business <b>965 REEF LANE INDIAN RIVER SHORES FL 32963</b>				Mailing Address <b>965 REEF LANE INDIAN RIVER SHORES FL 32963</b>	
2. Principal Place of Business <b>4116 SHORELAND DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>4116 SHORELAND DR</b> Suite, Apt. #, etc.			
City & State <b>VERO BEACH FL</b> Zip <b>32963</b> Country <b>USA</b>		City & State <b>VERO B</b> Zip <b>32963</b> Country <b>USA</b>		4. FEI Number <b>NO-T APPLICABLE</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				 <b>MOORE CR2E034 (11/03)</b>	
6. Name and Address of Current Registered Agent <b>CASALE, LARRY 965 REEF LANE INDIAN RIVER SHORES FL 32963</b>					
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>4116 SHORELAND DRIVE</b> City <b>VERO BEACH</b> <b>FL</b> Zip Code <b>32963</b>				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 <b>CASALE, LARRY</b> DATE <b>22 APR 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
ADDRESS CHANGE →					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CASALE, LARRY</b> <input type="checkbox"/> Delete <b>965 REEF LANE</b> <b>INDIAN RIVER SHORES FL 32963</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(ADDRESS CHANGE) ←→</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4116 SHORELAND DR</b> <b>VERO BEACH, FL 32963</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete _____ _____ _____			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>✓ MICHAEL W. CASALE</b> <b>4116 SHORELAND DR</b> <b>VERO BEACH, FL 32963</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete _____ _____ _____			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>T/S DANIEL L. CASALE</b> <b>4116 SHORELAND DR</b> <b>VERO BEACH, FL 32963</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete _____ _____ _____			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete _____ _____ _____			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete _____ _____ _____			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
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:  <b>LARRY CASALE</b> <b>APR 22 2004</b> <b>234 5025</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					