

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000032779

Entity Name: K & M CLAM COMPANY, INC.

FILED  
Jan 29, 2006  
Secretary of State

## Current Principal Place of Business:

15850 OAK STREET  
CEDAR KEY, FL 32625

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 16086  
FERNANDINA, FL 32035

## New Mailing Address:

FEI Number: 59-3655344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCARROLL, LORIE L CPA  
2334 E. ST RD 200, STE. 300  
FERNANDINA BEACH, FL 32034 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: EDMUNDS, KENNETH A  
Address: P.O. BOX 534  
City-St-Zip: CEDAR KEY, FL 32625

Title: VD ( ) Delete  
Name: BECKHAM, WALTER M II  
Address: 85269 SHINNECOCK HILLS DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WALTER M. BECKHAM II

VP

01/29/2006

Electronic Signature of Signing Officer or Director

Date