

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000059221

1. Entity Name
BOCA BAY CLAMS, INC.



Principal Place of Business
**81 BAY SHORE CIRCLE
ENGLEWOOD, FL 34224**

Mailing Address
**P O BOX 5001
GROVE CITY, FL 34224**



07212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1018520

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**QUIRK, GRANT
81 BAY SHORE CIRCLE
ENGLEWOOD, FL 34224**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	QUIRK, GRANT
STREET ADDRESS	P O BOX 5001
CITY-ST-ZIP	GROVE CITY, FL 34224
TITLE	D
NAME	QUIRK, LORRY
STREET ADDRESS	P O BOX 5001
CITY-ST-ZIP	GROVE CITY, FL 34224
TITLE	D
NAME	RAY, JIMMY R
STREET ADDRESS	44 CADDY RD
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	D
NAME	LUCAS, LORI A
STREET ADDRESS	44 CADDY RD
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000168405
07/26/04-80012-011 550.00

**DO NOT WRITE
IN THIS SPACE**

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:

GRANT QUIRK

02-23-04

941-964-2506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #