


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P00000077907 1. Entity Name T S CLAMS, INC.	
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Principal Place of Business 12421 SR 24 PO BOX 46 CEDAR KEY, FL 32625 US	Mailing Address P.O. BOX 46 CEDAR KEY, FL 32625 US
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DO NOT WRITE IN THIS SPACE

04142004	No Chg-P	CR2E034 (10/03)
4. FEI Number 59-3665781	Applied For Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAUSEY, KATHRYN F
12421 SR 24
CEDAR KEY, FL 32625

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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: *Thomas A. Smart* 4-14-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CAUSEY, KATHRYN F 12421 SR 24 CEDAR KEY, FL 32625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SMART, THOMAS 11161 SW 71 LANE CEDAR KEY, FL 32625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000132876
04/27/04-80066-001 150.00

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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: *Thomas A. Smart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #