

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90037 021 \*\*\*150.00

**DOCUMENT # P01000085726**

1. Entity Name

BOCA GRANDE CLAM GROWERS ASSOCIATION, INC.



Principal Place of Business

2730 AVENUE OF THE AMERICAS  
ENGLEWOOD FL

Mailing Address

2730 AVENUE OF THE AMERICAS  
ENGLEWOOD FL 34224

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0788289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LATHAM, PETER G  
390 NORTH ORANGE AVENUE SUITE 600  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME GOFF, STEPHEN B  
STREET ADDRESS 9126 ALFRED BLVD  
CITY-ST-ZIP PUNTA GORDA FL 33982

TITLE STD ☒ Delete  
NAME HILL, ROBERT L  
STREET ADDRESS 15 RIVERFRONT DRIVE  
CITY-ST-ZIP VENICE FL 34293

TITLE VD ☒ Delete  
NAME SMITH, ALAN R  
STREET ADDRESS PO BOX 3491  
CITY-ST-ZIP PLACIDA FL 33946

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME Fulford, Larry  
STREET ADDRESS 8 Pinebreeze Lane  
CITY-ST-ZIP Venice, FL 34293

TITLE STD ☒ Change ☐ Addition  
NAME Painter, Barbara  
STREET ADDRESS 15643 Aron  
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition  
NAME Parker, John  
STREET ADDRESS 1155 Manasota Beach Road  
CITY-ST-ZIP Englewood, FL 34223

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Barbara A. Painter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04 (941) 697-0141

Date

Daytime Phone #