

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90070 038 ***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**

50030963



2. Principal Place of Business

3. Mailing Address

P.O. Box 334

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Placida, FL

Zip

Country

Zip

Country

33946

USA

03142005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-070828065-1132874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **FULFORD, LARRY**
STREET ADDRESS **8 PINEBREEZE LN**
CITY-ST-ZIP **VENICE, FL 34293**

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

TITLE **STD** ☐ Delete
NAME **PAINTER, BARBARA**
STREET ADDRESS **15643 AVON**
CITY-ST-ZIP **VENICE, FL 34293**

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

TITLE **VD** ☐ Delete
NAME **PARKER, JOHN**
STREET ADDRESS **1155 MANASOTA BEACH RD**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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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

3-25-05

Date

Daytime Phone #