

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000085726

FILED  
Feb 17, 2009  
Secretary of State

**Entity Name:** BOCA GRANDE CLAM GROWERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2730 AVENUE OF THE AMERICAS  
ENGLEWOOD, FL

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 334  
PLACIDA, FL 33946 US

**New Mailing Address:**

**FEI Number:** 65-1132874

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LATHAM, PETER G  
390 NORTH ORANGE AVENUE SUITE 600  
ORLANDO, FL 32801 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: PARKER, JOHN  
Address: 1155 MANASOTA BEACH RD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: STD ( ) Delete  
Name: PAINTER, BARBARA  
Address: 15643 AVON  
City-St-Zip: VENICE, FL 34293

Title: VD ( ) Delete  
Name: FULFORD, LARRY  
Address: 8 PINEBREEZE LN  
City-St-Zip: VENICE, FL 34293

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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:** JOHN PARKER

PD

02/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date