2008 FOR PROFIT CORPORATION

FILED May 02, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P02000122244 RUSSELL'S CLAMBAKES & COOKOUTS, INC. Principal Place of Business Mailing Address 2396 FRANCIS AVENUE **501 GOODLETTE ROAD** NAPLES, FL SUITE B204 NAPLES, FL 34102 04232008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1140336 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REEVES, WANDA L DO NOT WRITE **501 GOODLETTE ROAD** SUITE B204 IN THIS SPACE NAPLES, FL 34102 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 05/29/08-80098-017 150.00 **PSTD** TITLE NAME BOWLES, RUSSELL STREET ADDRESS 27717 MICHIGAN STREET CITY-ST-ZIP BONITA SPRINGS, FL 34135 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

STREET ADDRESS CITY-ST-7IP

FO NAME OF SIGNING OFFICER OR DIRECTOR

Davtima Phone #