

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000089789

Entity Name: CLAMTASTIC SEAFOOD, INC.

FILED
Feb 07, 2006
Secretary of State

Current Principal Place of Business:

5971 SW 103RD COURT
CEDAR KEY, FL 32625 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 517
CEDAR KEY, FL 32625 US

New Mailing Address:

P.O. BOX 517
CEDAR KEY, FL 32625 US

FEI Number: 59-3800214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOPPING, CHRISTOPHER M
5971 SW 103RD COURT
CEDAR KEY, FL 32625 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: TOPPING, CHRISTOPHER M
Address: P.O. BOX 664
City-St-Zip: CEDAR KEY, FL 32625 US

Title: VPD () Delete
Name: HINKLE, ANTHONY L
Address: P.O. BOX 856
City-St-Zip: CEDAR KEY, FL 32625 US

Title: S () Delete
Name: HINKLE, ASHLEY
Address: P.O. BOX 856
City-St-Zip: CEDAR KEY, FL 32625 US

Title: TD () Delete
Name: BECKHAM, MICHAEL D
Address: P.O. BOX 144
City-St-Zip: CEDAR KEY, FL 32625 US

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ASHLEY HINKLE

S

02/07/2006

Electronic Signature of Signing Officer or Director

_____ Date