


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000053826**  
 1. Entity Name  
**CEDAR KEY CLAMS, INC.**



Principal Place of Business      Mailing Address  
 PO BOX 933      PO BOX 933  
 CEDAR KEY, FL 32625 US      CEDAR KEY, FL 32625 US

**DO NOT WRITE IN THIS SPACE**



04292004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3202847**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MARSHALL, BRUCE A**  
**16351 SW PARODA AVE**  
**CEDAR KEY, FL 32625**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MARSHALL, BRUCE A
STREET ADDRESS	16351 SW PARODA AVE
CITY-ST-ZIP	CEDAR KEY, FL 32625
TITLE	ST
NAME	MARSHALL, MARY R
STREET ADDRESS	16351 SW PARODA AVE
CITY-ST-ZIP	CEDAR KEY, FL 32625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** *Bruce A. Marshall*    **Bruce A. Marshall**    **4/29/04**    **(352) 543-6130**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #