## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## ANNUAL REPORT (AR) Apr 11, 2007 8:00 am Secretary of State DOCUMENT # P96000024945 1. Entity Name 04-11-2007 90038 047 \*\*\*150.00 ISLAND CLAMS, INC. Principal Place of Business Mailing Address 12799 SW STATE ROAD 24 CEDAR KEY FL 32625 P.O. BOX 579 CEDAR KEY FL 32625 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For 59-3372788 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Lei ey Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWN, HENRY J 12799 SW STATE RD 24 ... Number is Not Acceptable) P O BOX 579 CEDAR KEY FL 32625 the carpose of changing its registered office or registered agent, or born, in the State of Florida. I am familia the obligations of registered SIGNATURE Signature, typed or p FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete ☐ Change **Addition** BROWN, HENRY J NAME 12799 SW STATE ROAD 24 STREET ADDRESS STREET ADORESS CEDAR KEY FL 32625 CITY-SI-ZIP CITY-ST-7IP ST TITLE ☐ Delete ☐ Addition SILLS, ROY NAME NAM 12799 S.W. STATE ROAD, 2H STREET ADDRESS STREET ADDRESS CEDAR KEY FL 32625 CITY - ST - 7IP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMI STREET ADDRESS STREET LADORESS CITY-ST-ZIP CITY - ST - 7IP HILE Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP IITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exomptions contained in Section 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 if 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.

FILED