

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000100951

1. Entity Name

HAPPY CLAM COMPANY, INC.



Principal Place of Business

12516 HIGHWAY 24
CEDAR KEY FL 32625

Mailing Address

P.O. BOX 54
CEDAR KEY FL 32625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3491684

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECKHAM, MICHELLE K
12516 STATE ROAD HWY 24
CEDAR KEY FL 32625

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Michelle K. Beckham *Michelle K. Beckham*

Signature typed or printed name of registered agent not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May E
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	☐ Delete
NAME	BECKHAM, DONALD F	
STREET ADDRESS	12516 HIGHWAY 24, POB 54 (NO MALL)	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	SD	☐ Delete
NAME	BECKHAM, MICHELLE	
STREET ADDRESS	12516 HIGHWAY 24, POB 54 (NO MALL)	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	D	☐ Delete
NAME	BECKHAM, DAPHNE DAWN	
STREET ADDRESS	12516 HIGHWAY 24, POB 54 (NO MALL)	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 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: *Michelle K. Beckham* *MICHELLE K. BECKHAM* *4-11-06 352-543-966*