

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

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		7. Name and Address of New Registered Agent	
BECKHAM, MICHELLE K 12516 STATE ROAD HWY 24 CEDAR KEY FL 32625		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 _____ (Signature, typed or printed name of registered agent and title - optional) (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PTD BECKHAM, DONALD F 12516 HIGHWAY 24, POB 54 (NO MALL) CEDAR KEY FL 32625 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add U00000609203 02/01/07-80040-022 150.00
TITLE NAME STREET ADDRESS CITY ST ZIP	SD BECKHAM, MICHELLE 12516 HIGHWAY 24, POB 54 (NO MALL) CEDAR KEY FL 32625 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP	D BECKHAM, DAPHNE DAWN 12516 HIGHWAY 24, POB 54 (NO MALL) CEDAR KEY FL 32625 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add

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 1-25-07 352-543-9661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #