

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2008 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 # 12516 STATE ROAD 24	3. Mailing Address PO BOX 54
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State CEDAR KEY FL	City & State CEDAR KEY FL
Zip 32625	Country LEVY

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	
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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 _____ (NOTE: Registered Agent's signature required when new agent is) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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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 ☐ Addition
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	000000833213 ☐ Change ☐ Addition 02/28/08-80004-001 150.00
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 ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 BECKAM 2/19/08 352-543-9661
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional)