

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000107752

1. Entity Name
HPSB CLAMS, INC.



Principal Place of Business

12830 JERNIGAN AVE
CEDAR KEY, FL 32625

Mailing Address

12830 JERNIGAN AVE
CEDAR KEY, FL 32625



03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3491579

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SANDERS, FAYE S CPA
161 N MAIN STREET
WILLISTON, FL 32696

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

U00000273224
03/23/05-80018-019 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME POWELL, HOWARD
STREET ADDRESS 12830 JERNIGAN AV
CITY-ST-ZIP CEDAR KEY, FL 32625

TITLE SD
NAME BEVERIDGE, SALLY
STREET ADDRESS 12830 JERNIGAN AV
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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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #