



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 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	
DO NOT WRITE IN THIS SPACE			
			
		03192006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3491579	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWELL, HOWARD 12830 JERNIGAN AV CEDAR KEY, FL 32625		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEVERIDGE, SALLY 12830 JERNIGAN AV CEDAR KEY, FL 32625		
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TITLE 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 Chapter 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: <u>Sally Beveridge</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/30/06 352-543- Date Daytime Phone # 952	

SALLY BEVERIDGE
Secretary