

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90048 023 ***150.00

DOCUMENT # P98000071477 1. Entity Name CLAM'S CLUB, INC.			
Principal Place of Business 6109 W. HOLIDAY ST. HOMOSASSA SPRINGS, FL 34447		Mailing Address P.O. BOX 46 CEDAR KEY, FL 32625	
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 12421 SR 24	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State 		City & State CEDAR KEY, FL.	
Zip 	Country 	Zip 32625	Country USA
4. FEI Number 59-3529299		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAUSEY, KATHRYN F 12421 SR 24 P.O. BOX 46 CEDAR KEY, FL 32625		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CREEL, RICHARD S P O BOX 924 HOMOSASSA SPRINGS, FL 34447	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CREEL RICHARD S. P.O. BOX 924 HOMOSASSA, SPRINGS FL. 34447
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAUSEY, KATHRYN F. 12421 SR 24 CEDAR KEY FL. 32625	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAUSEY, KATHRYN F. 12421 SR. 24 CEDAR KEY FL. 32625
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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>K Causey CPA</u> <u>K CAUSEY CPA T.</u> <u>4/18/07</u> <u>352-543-6271</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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