

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90025 033 ***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 12421 SR 24 CEDAR KEY, FL 32625		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 924			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State HOMOSASSA SPRINGS, FL		4. FEI Number 59-3529299	
Zip		Country 34447 USA		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 RICHARD S CREEL Street Address (P.O. Box Number is Not Acceptable) 6109 W. HOLIDAY ST City HOMOSASSA SPRINGS FL Zip Code 34447		
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: <u>Richard S. Creel</u> <u>Richard S. Creel</u> <u>April 14 2008</u> <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, 2008 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	PS <input type="checkbox"/> Delete CREEL, RICHARD S P O BOX 924 HOMOSASSA SPRINGS, FL 34447		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete CAUSEY, KATHRYN F 12421 SR 24 CEDAR KEY, FL 32625		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>Richard S. Creel</u> <u>RICHARD S. CREEL</u> <u>April 14 2008</u> <u>(352) 613-2909</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					