


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90028 009 ***150.00

DOCUMENT # K69589 1. Entity Name SCALLOPS OF FLORIDA, INC.	
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Principal Place of Business 103 WATER ST. APALACHICOLA, FL 32320 US	Mailing Address P O BOX 697 APALACHICOLA, FL 32329-0697 US
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DO NOT WRITE IN THIS SPACE

03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2944202	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 SHULER, J. GORDON 34 - 4TH STREET APALACHICOLA, FL 32320	DO NOT WRITE IN THIS SPACE
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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.

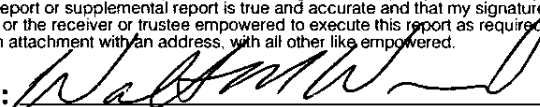
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WARD, OLAN B. 111 AVENUE C APALACHICOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WARD, WALTER MACK 64-23RD AVE. 2620 Bluff Road APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WARD, THOMAS L. 161 LONG ROAD APALACHICOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WARD, RACHEL L. 64 23RD AVE. APALACHICOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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)(i), 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

4-15-04 850-653-8790
Date Daytime Phone #