

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K69589

FILED  
Apr 19, 2005  
Secretary of State

Entity Name: SCALLOPS OF FLORIDA, INC.

## Current Principal Place of Business:

103 WATER ST.  
APALACHICOLA, FL 32320 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 697  
APALACHICOLA, FL 323290697 US

## New Mailing Address:

FEI Number: 59-2944202

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHULER, J. GORDON  
34 - 4TH STREET  
APALACHICOLA, FL 32320 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DC ( ) Delete  
Name: WARD, OLAN B.,  
Address: 111 AVENUE C  
City-St-Zip: APALACHICOLA, FL

Title: DVP ( ) Delete  
Name: WARD, WALTER MACK,  
Address: 2620 BLUFF RD.  
City-St-Zip: APALACHICOLA, FL 32320

Title: DP ( ) Delete  
Name: WARD, THOMAS L.,  
Address: 161 LONG ROAD  
City-St-Zip: APALACHICOLA, FL

Title: ST ( ) Delete  
Name: WARD, RACHEL L.,  
Address: 64 23RD AVE.  
City-St-Zip: APALACHICOLA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER MACK WARD

DVP

04/19/2005

Electronic Signature of Signing Officer or Director

Date