

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K69589

FILED
May 10, 2006
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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 Chapter 119, 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

DP

05/10/2006

Electronic Signature of Signing Officer or Director

_____ Date