


FILED  
Feb 27, 2006 8:00 am  
Secretary of State

01-30-2006 90048 008 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000072250</b> 1. Entity Name SCOOPS AHoy, INC.		
Principal Place of Business 189 2ND AVENUE N SAINT PETERSBURG, FL 33701		Mailing Address 189 2ND AVENUE N SAINT PETERSBURG, FL 33701
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  GALANTIS, MERI 7024 S. SHORE DR. S. SAINT PETERSBURG, FL 33707		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restoring)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1 GALANTIS, MERI 7024 S. SHORE DR. S. SAINT PETERSBURG, FL 33707	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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>Meri Galantis</u> 2/21/06 727-542-4115 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

66002729



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number  
02-0585669

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required



ATTACHMENT

66002729

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2006

SCOOPS AHOY, INC.  
189 2ND AVENUE N  
SAINT PETERSBURG, FL 33701

Subject: SCOOPS AHOY, INC.

Reference Number:

P01000072250

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION