

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000032734

Entity Name: SCREWY SCOOPS INC.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

P.O. BOX 613
ORMOND BEACH, FL 32175

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 613
ORMOND BEACH, FL 32175

New Mailing Address:

FEI Number: 34-1982823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOVER, PETER M
483 NORTH BEACH STREET
ORMOND, FL 32172 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: PS () Delete
Name: ISNER, ANN
Address: P.O. BOX 613
City-St-Zip: ORMOND BEACH, FL 32715

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ISNER, ANN
Address: P.O. BOX 613
City-St-Zip: ORMOND BEACH, FL 32715

Title: ST () Change (X) Addition
Name: QUICK, EDWARD
Address: P.O. BOX 613
City-St-Zip: ORMOND BEACH, FL 32175

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: ANN C ISNER

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date