

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

05-25-2006 90013 029 ***558.75

DOCUMENT # P05000066371

1. Entity Name
SCALLOPS SEAFOOD HOUSE, INC.



Principal Place of Business
6740 OSTEEN ROAD
NEW PORT RICHEY, FL 34653 US

Mailing Address
6740 OSTEEN ROAD
NEW PORT RICHEY, FL 34653 US



2. Principal Place of Business
5749 MAIN STREET
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

05192006 Chg-P CR2E034 (11/05)

City & State
New Port Richey

City & State

4. FEI Number ☒ Applied For
☐ Not Applicable

Zip
34652 Country
PASCO

Zip Country

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

6. Name and Address of Current Registered Agent

SMITH, ROGER
6740 OSTEEN ROAD
NEW PORT RICHEY, FL 34653

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *K Brust President*
Signature, typed or printed name of registered agent and title if applicable

5/22/06
DATE

(NOTE: Registered Agent signature required when re-stating)

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IANNACONE, ANTHONY 6740 OSTEEN ROAD NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSSI, LARAINÉ 6740 OSTEEN ROAD NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President, Secretary, Treasurer, Director Kimberly M. Brust 5951 Road. New Port Richey FL 34652 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *K Brust Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/06 727-919-1429
Date Daytime Phone #