

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90327 040 ***150.00

DOCUMENT # P93000005751

1. Entity Name
BAY SCALLOP, INC.



Principal Place of Business
**727 SCALLOP DR.
CAPE CANAVERAL, FL 32920**

Mailing Address
**727 SCALLOP DR.
CAPE CANAVERAL, FL 32920**

14000861



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3395304

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCOTT, ALLEN C. D II
727 SCALLOP DR.
CAPE CANAVERAL, FL 32920**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
ROSEN, JONATHAN
302 FIFTH AVE.
NEW YORK, NY** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
Rosen, Jonathan
302 Fifth Ave.
New York, NY 10001** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
NIMOFF, ROBERT
302 FIFTH AVE.
NEW YORK, NY** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
Nimoff, Robert
302 Fifth Ave.
New York, NY 10001** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
BERGMAN, HARRY
302 FIFTH AVE.
NEW YORK, NY** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
Bergman, Harry
302 Fifth Ave.
New York, NY 10001** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
NUGEN, BRENDA E
727 SCALLOP DRIVE
CAPE CANAVERAL, FL 32920** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
Nugen, Brenda E
727 Scallop Drive
Cape Canaveral, FL 32920** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
Nimoff, Robert
302 FIFTH AVE.
NEW YORK, NY** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
Nimoff, Robert
302 FIFTH AVE.
NEW YORK, NY** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
Nimoff, Robert
302 FIFTH AVE.
NEW YORK, NY** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
Nimoff, Robert
302 FIFTH AVE.
NEW YORK, NY** ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Brenda E. Nugen Brenda E. Nugen

4-21-05

321-799-2860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #