2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000046464

1. Entity Name
SCS RESTAURANT GROUP, INC.

Principal Place of Business	Mailing Address
957 WICKETURN DRIVE	957 WICKETURN DRIVE
BRANDON, FL 33510	BRANDON, FL 33510

DO NOT WRITE IN THIS SPACE

04132005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3644679	Not Applicable

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

6. Name and Address of Current Registered Agent

ROMAN, JOSE I
957 WICKETRON DRIVE
BRANDON, FL 33510

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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	U0000M330298 04/25/05-80153-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	PASQUINI, LAWRENCE D
STREET ADDRESS	957 WICKETURN DRIVE
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	VTD
NAME	PASQUINI, BARBARA A
STREET ADDRESS	957 WICKETURN DRIVE
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Lawrence P. Pasquini_ _President_ 4-23-05 813-963-6980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #