2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000017270

1. Entity Name

SUN COAST RESTAURANT GROUP, INC.

Principal Place of Business	Mailing Address
105 CANNON CT W PONTE VEDRA BEACH FL 32082	105 CANNON CT W PONTE VEDRA BEACH FL 32082

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

1st MOORE   CR2E034 (10/05)

4. FEI Number 59-3700386	Applied For / Not Applicable

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
ATTINGER, SKIP 105 CANNON CAR CT. W. PONTE VEDRA BCH FL 32802	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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 P NAME SMITH, F. BEAVEN STREET ADDRESS 2798 NE 24TH ST. CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME SMITH, BOBBY STREET ADDRESS 3100 NW 24TH CT. CITY-ST-ZIP LIGHT HOUSE POINT FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP BOBBY SMITH 9340 Stingray Lane Boynton Beach FL 33437	☒ Change ☐ Addition
TITLE S NAME ATTINGER, FRANK STREET ADDRESS 105 CANNON CT. WEST CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _Skip Attinger_ SKIP ATTINGER   2/14/06   904-280-1904

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