


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90321 012 \*\*\*150.00

<b>DOCUMENT # P06000097300</b>	
1. Entity Name <b>SCORZ SPORTS BAR &amp; GRILL OF S.W.FLORIDA, INC</b>	


Principal Place of Business 1922 PICADDILLY CIRCLE CAPE CORAL, FL 33991	Mailing Address 1922 PICADDILLY CIRCLE CAPE CORAL, FL 33991
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2. Principal Place of Business - No P.O. Box # <b>1015 SE 47<sup>TH</sup> TERRACE</b>	3. Mailing Address <b>1015 SE 47<sup>TH</sup> TERRACE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CAPE CORAL FLA.</b>	City & State <b>CAPE CORAL FLA</b>
Zip <b>33904</b>	Country <b>US</b>

6. Name and Address of Current Registered Agent <b>HERITAGE TAX &amp; CONSULTING SERVICES INC</b> <b>11220 METRO PARKWAY</b> <b>3</b> <b>FORT MYERS, FL 33912</b>	
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**40063300**



03302007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-5263577</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D SERRAGO, JAMES A 1922 PICCADILLY CIRCLE CAPE CORAL, FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D MORALEZ, LUIS 1441 SE 13 TH TERRACE CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D MORALEZ, NCRA 1441 SE 13TH TERRACE CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D SERRAGO, JERRI A 1922 PICCADILLY CIR CAPE CORAL, FL 33991 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 any other like empowered.

SIGNATURE: 	Date: <b>4/9/07</b>	Daytime Phone #: <b>239-707-1556</b>
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