


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000029432 1. Entity Name SJ'S LIQUORS & LOUNGE, INC.	
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FILED
05 AUG -3 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2220 S.W. 135TH STREET, SUITE B OCALA, FL 34473	Mailing Address 2220 S.W. 135TH STREET, SUITE B OCALA, FL 34473
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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08012005 Chg-P CR2E034 (10/03)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-3313620	Applied For Not Applicable
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6. Name and Address of Current Registered Agent SHARP, LUCINDA 2220 SW 135TH ST., STE B OCALA, FL 34473	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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 _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D SHARP, KLAUS D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, KLAUS D	NAME	
STREET ADDRESS	16 NEEDLES DR.	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34482	CITY-ST-ZIP	
TITLE	D SHARP, LUCINDA J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, LUCINDA J	NAME	
STREET ADDRESS	16 NEEDLES DR.	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34482	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	S/D MARY PERCOCK
STREET ADDRESS		STREET ADDRESS	10255 S.W. 58TH ST
CITY-ST-ZIP		CITY-ST-ZIP	COOPER CITY FL 32328
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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~~08/15/05 01002 007 \$61.25~~

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: Lucinda Sharp LUCINDA SHARP ^{V.P.} 8/1/05 3522456626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #