

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000029432

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: SJ'S LIQUORS & LOUNGE, INC.

**Current Principal Place of Business:**

2220 S.W. 135TH STREET, SUITE B  
OCALA, FL 34473

**New Principal Place of Business:**

2220 S.W. 135TH STREET,  
SUITE B  
OCALA, FL 34473

**Current Mailing Address:**

2220 S.W. 135TH STREET, SUITE B  
OCALA, FL 34473

**New Mailing Address:**

2220 S.W. 135TH STREET,  
SUITE B  
OCALA, FL 34473

FEI Number: 59-3313620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHARP, LUCINDA  
2220 SW 135TH ST., STE B  
OCALA, FL 34473 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SHARP, KLAUS D  
Address: 16 NEEDLES DR.  
City-St-Zip: Ocala, FL 34482

Title: D ( ) Delete  
Name: SHARP, LUCINDA J  
Address: 16 NEEDLES DR.  
City-St-Zip: Ocala, FL 34482

Title: SD ( ) Delete  
Name: PEACOCK, MARY  
Address: 10255 SW 58TH ST  
City-St-Zip: COOPER CITY, FL 33328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCINDA SHARP

D

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date