

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000029432

FILED
Apr 11, 2009
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:

Current Mailing Address:

2220 S.W. HWY 484
SUITE B
OCALA, FL 34473

New Mailing Address:

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 J V.P.
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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: PEACOCK, MARY F
Address: 10255 SW 58TH ST
City-St-Zip: COOPER CITY, FL 33328 US

Title: D () Change (X) Addition
Name: SHARP, WILLIAM
Address: 65 RAMA ST.
City-St-Zip: TAUTON, MA 02780 US

Title: D () Change (X) Addition
Name: PHALEN, THEODORE J ROBERT
Address: 149 APPLETREE AVE.
City-St-Zip: LAKE PLACID, FL 33852 US

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 J SHARP

D

04/11/2009

Electronic Signature of Signing Officer or Director

_____ Date