

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000029432

FILED  
Apr 25, 2011  
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 (X)

**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

**OFFICERS AND DIRECTORS:**

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

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

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

Title: D  
Name: SHARP, WILLIAM D  
Address: 16 NEEDLES DR.  
City-St-Zip: Ocala, FL 34482 US

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

I hereby 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 all other like empowered.

SIGNATURE: LUCINDA J SHARP

V.P.

04/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date