

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J63265

Entity Name: SHERIDAN LIQUORS,INC.

FILED  
Apr 04, 2005  
Secretary of State

## Current Principal Place of Business:

1508 S.E. 14 ST.  
4  
CAPE CORAL, FL 33990

## New Principal Place of Business:

## Current Mailing Address:

1124 SOUTHEAST 32ND ST.  
CAPE CORAL, FL 33904

## New Mailing Address:

FEI Number: 59-2836619

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHERIDAN, DELORIS J  
1124 S.E. 32ND ST.  
CAPE CORAL, FL 33904 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: P ( ) Delete  
Name: SHERIDAN, DELORIS J.,  
Address: 1124 S.E. 32ND ST.  
City-St-Zip: CAPE CORAL, FL

Title: S ( ) Delete  
Name: SCHEPLER, DEBRA ANN  
Address: 3725 SE 15 AVE  
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete  
Name: SHERIDAN, ROBERT JR  
Address: 1124 SE 32 ST  
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete  
Name: CHAMBERS, CULLEEN  
Address: 2816 9 ST SW  
City-St-Zip: LEHIGH ACRES, FL 33971

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DELORIS J SHERIDAN

P

04/04/2005

Electronic Signature of Signing Officer or Director

Date