


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

05-12-2006 90239 001 \*\*\*300.00

**DOCUMENT # P01000055675**

1. Entity Name  
**SHARPS DISCOUNT LIQUORS BEACHSIDE, INC.**



**66016285**



Principal Place of Business      Mailing Address  
 103 FLAGLER PLAZA DRIVE      103 FLAGLER PLAZA DRIVE  
 PALM COAST, FL 32137      PALM COAST, FL 32137

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

02132006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3733357**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KATZ, B. PAUL**  
**ATRIUM SUITE**  
**1 FLORIDA PARK DRIVE SOUTH**  
**PALM COAST, FL 32137**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE      PVST       Delete  
 NAME      SHARPS, WAYNE  
 STREET ADDRESS      7 HUNTSMAN LOOK  
 CITY-ST-ZIP      ORMOND BEACH, FL 32174

TITLE      V.P.       Change       Addition  
 NAME      SHARPS, SCOTT  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Change       Addition  
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 CITY-ST-ZIP

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_ *Wayne Sharps*      Date *5-6-06*      Daytime Phone # *386 583-5001*

ATTACHMENT  
**Sharps**  
DISCOUNT LIQUORS

May 10, 2006

660116285  
#P970000 76099


To Whom It May Concern,

Please accept this letter as my request to forgive penalty for filing late. I called your office and spoke with a lady who suggested I write this letter to explain my lateness.

Unfortunately, my briefcase was in a luggage lost by a cruise line. That luggage was returned to me 25 days later. That is when I discovered that the renewals had not been filed.

I am expressing the forms, as well as my check to you in hopes that it does not cause you inconvenience.

Thank you in advance,



Mr. Wayne Sharps