

2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/ **FILED**
May 25, 2005 8:00 am
Secretary of State

04-15-2005 90098 025 ***150.00

DOCUMENT # P04000155212 1. Entity Name BJ LIQUORS, INC.					
Principal Place of Business 211 E. VIRGINIA ST. TALLAHASSEE, FL 32301			Mailing Address 211 E. VIRGINIA ST. TALLAHASSEE, FL 32301		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 34-2023559	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, JOHN O 211 E. VIRGINIA ST. TALLAHASSEE, FL 32301				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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 NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, JOHN O 211 E. VIRGINIA ST. TALLAHASSEE, FL 32301	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUEST, BRENDA S 211 E. VIRGINIA ST. TALLAHASSEE, FL 32301	☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 without address, with all other title empowered.			SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date 4/12/05 Daytime Phone #		