

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000076099

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** SHARPS DISCOUNT LIQUORS, INC.

**Current Principal Place of Business:**

103 FLAGLER PLAZA DR.  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

103 FLAGLER PLAZA DR.  
PALM COAST, FL 32137

**New Mailing Address:**

**FEI Number:** 59-3465219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KATZ, B. PAUL  
1 FLORIDA PARK DR., S.  
ATRIUM SUITE  
PALM COAST, FL 32137 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: VP  
Name: SHARPS, SCOTT  
Address: 7 HUNTSMAN LOOK  
City-St-Zip: ORMOND BEACH, FL 32174

Title: PST  
Name: SHARPS, WAYNE  
Address: 7 HUNTSMAN LOOK  
City-St-Zip: ORMOND BEACH, FL 32174

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: WAYNE SHARPS

PRES

04/22/2011

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

\_\_\_\_\_  
Date