


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90215 027 ***158.75

DOCUMENT # L64548 1. Entity Name S.C.J. COMMERCIAL REALTY, INC.					
Principal Place of Business 13611 MCGREGOR BLVD., STE 7 FORT MYERS, FL 33919			Mailing Address 13611 MCGREGOR BLVD., STE 7 STE 8 FORT MYERS, FL 33919		
2. Principal Place of Business <i>1342 Colonial Blvd</i> Suite, Apt. #, etc. <i>F-44</i>		3. Mailing Address <i>1342 Colonial Blvd</i> Suite, Apt. #, etc. <i>F-44</i>			
City & State <i>Fort Myers, FL</i>		City & State <i>Fort Myers FL</i>		4. FEI Number 65-0336407	
Zip <i>33901</i>		Country <i>Lee</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONTI, AUDREY M 130 SW 33RD AVE. CAPE CORAL, FL 33991			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CONTI, AUDREY M PO BOX 101506 CAPE CORAL, FL 33910		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Audrey M. Conti</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>4/24/06</i> (232) 433-4200 <small>Date Daytime Phone #</small>		