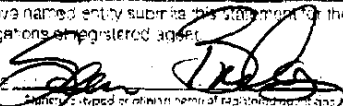
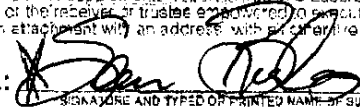


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90053 025 ***150.00

DOCUMENT # P03000127056			
1. Entity Name S & J CONSTRUCTION, INC.			
Principal Place of Business 3501 SHIREY COURT CRESTVIEW, FL 32539		Mailing Address 3501 SHIREY COURT CRESTVIEW, FL 32539	
3501 Shirey Ct.			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3501 Shirey Ct.	
State, Apt. #, etc. Crestview FL		State, Apt. #, etc. Crestview FL	
City & State		City & State	
Zip 32539		Zip 32539	
County Okaloosa		County Okaloosa	
4. FE Number 20-0714771		Applied For ☐ Not Applicable	
5. Confirmed of State Decision ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARBER, SEAN D 3501 SHIREY COURT CRESTVIEW, FL 32539		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 		4-28-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing True 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	BARBER, SEAN P 3501 SHIREY COURT CRESTVIEW, FL 32539	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Barber, Lucretia J 3501 Shirey Court Crestview, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 19, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that the information is the same as the information on file with the Secretary of State or the Director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 19, Florida Statutes, and that no name appears in Block 10 or Block 11, changed, or on an attachment with an address with no change in the name.			
SIGNATURE: 		4-28-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	