

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90081 011 ***150.00

DOCUMENT # <i>PC000018318</i>	
1. Entity Name	
SCJ Commercial Contracting, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7291 78th Terrace N		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pinellas Park, FL		City & State	
Zip 33781	Country	Zip	Country

40046616

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4226406		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	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

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE <i>President</i>	NAME <i>Sylvain Bilodeau</i>	TITLE	NAME
STREET ADDRESS <i>7291 78th Terr N</i>	CITY-ST-ZIP <i>Pinellas Park FL 33781</i>	STREET ADDRESS	CITY-ST-ZIP
TITLE <i>Secretary</i>	NAME <i>Margie Bilodeau</i>	TITLE	NAME
STREET ADDRESS <i>7291 78th Terr N</i>	CITY-ST-ZIP <i>Pinellas Park FL 33781</i>	STREET ADDRESS	CITY-ST-ZIP
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sylvain Bilodeau *Sylvain Bilodeau* *3/16/07* *(727) 252-4740*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #