


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000015403		
1. Entity Name STJ PROPERTIES, INC.		
Principal Place of Business 12551 SR 7 BOYNTON BEACH, FL 33437		Mailing Address PO BOX 126 RIVERSIDE, MI 49084
DO NOT WRITE IN THIS SPACE		
		 01152007 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0400902
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
LASALLE, THOMAS L 5353 N FEDERAL HIGHWAY SUITE 405 FT LAUDERDALE, FL 33308		DO NOT WRITE IN THIS SPACE
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 reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000595303 01/23/07-80034-007 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MONTE, SALVATORE P 3752 RIVERSIDE ROAD RIVERSIDE, MI 49084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONTE, CONSTANCE J 3752 RIVERSIDE ROAD RIVERSIDE, MI 49084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTE, ANTHONY J 3752 RIVERSIDE ROAD RIVERSIDE, MI 49084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTE, JOHN S 3752 RIVERSIDE ROAD RIVERSIDE, MI 49084	
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 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: 		1-15-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #