

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 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



02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0400902

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000822181
02/19/08-80057-011 150.00

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	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/08

Date

Daytime Phone #