

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000044713

Entity Name: SCJ VENTURES, INC.

FILED
Mar 16, 2007
Secretary of State

Current Principal Place of Business:

905 TARAY DE AVILLA
TAMPA, FL 33613

New Principal Place of Business:

16613 MILLAN DE AVILA
TAMPA, FL 33613

Current Mailing Address:

905 TARAY DE AVILA
TAMPA, FL 33613

New Mailing Address:

16613 MILLAN DE AVILA
TAMPA, FL 33613

FEI Number: 59-3450011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHERIDAN, MARYBETH
16613 MILLAN DE AVILA
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHERIDAN, MARYBETH
Address: 905 TARAY DE AVILLA
City-St-Zip: TAMPA, FL 33613

Title: V () Delete
Name: SHERIDAN, JIM S SR
Address: 905 TARAY DE AVILLA
City-St-Zip: TAMPA, FL 33613

Title: S () Delete
Name: SHERIDAN, MARYBETH E
Address: 905 TARAY DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: T () Delete
Name: SHERIDAN, JAMES S SR
Address: 905 TARAY DE AVIAL
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHERIDAN, MARYBETH
Address: 16613 MILLAN DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: V (X) Change () Addition
Name: SHERIDAN, JIM S SR
Address: 16613 MILLAN DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: S (X) Change () Addition
Name: SHERIDAN, MARYBETH E
Address: 16613 MILLAN DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: T (X) Change () Addition
Name: SHERIDAN, JAMES S SR
Address: 16613 MILLAN DE AVILA
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYBETH SHERIDAN

P

03/16/2007

Electronic Signature of Signing Officer or Director

_____ Date