


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90109 047 ****55.00

DOCUMENT # L06000105669					
1. Entity Name P J MARKETING CONCEPTS, LLC					
Principal Place of Business 22622 CORAL AVE. PANAMA CITY BEACH FL 32413 <i>> chg address</i>			Mailing Address 22622 CORAL AVE. PANAMA CITY BEACH FL 32413 <i>> chg address</i>		
2. Principal Place of Business - No P.O. Box # 8424 SURF DR		3. Mailing Address 8424 SURF DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PCB, FL		City & State PCB, FL		4. FEI Number 20-5643698	
Zip 32408		Country BAY		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES		
NAME	MGRM	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	PAMELA LOUISE WILLADSEN				
CITY - ST - ZIP	11208 HUTCHISON BLVD., PMB 225				
	PANAMA CITY BEACH FL 32413				
TITLE		<input type="checkbox"/> Delete			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY - ST - ZIP					
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NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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STREET ADDRESS					
CITY - ST - ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Pamela L Willadsen</i> 4/15/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					