


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L36337 1. Entity Name P & J ENTERPRISES & T & H MYERS, INC.	
--	---

Principal Place of Business % JOYCE A. DEAN 4801 LEMA CT N FT MYERS, FL 33903	Mailing Address % JOYCE A. DEAN 4801 LEMA CT N FT MYERS, FL 33903
---	---



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input checked="" 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 DEAN, JOYCE A. 4801 LEMA CT N FT MYERS, FL 33903
--

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 reinstalling) 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
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, JOYCE A. 4801 LEMA CT N FT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, PATRICIA M. 4801 LEMA CT N FT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, HARRIET 2956 MARKET ST FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, TOMMY F. 2956 MARKET ST FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000665856 03/23/07-80046-013 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Joyce A. Dean 3/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #