

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**



02182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$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 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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME DEAN, JOYCE A.  
STREET ADDRESS 4801 LEMA CT  
CITY-ST-ZIP N FT MYERS, FL 33903

TITLE D  
NAME THOMPSON, PATRICIA M.  
STREET ADDRESS 4801 LEMA CT  
CITY-ST-ZIP N FT MYERS, FL 33903

TITLE D  
NAME MYERS, HARRIET  
STREET ADDRESS 2956 MARKET ST  
CITY-ST-ZIP FT MYERS, FL 33919

TITLE D  
NAME MYERS, TOMMY F.  
STREET ADDRESS 2956 MARKET ST  
CITY-ST-ZIP FT MYERS, FL 33919

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000837881  
03/05/08-80009-005 150.00

**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

2/20/08 239-850-2318  
Date Daytime Phone #