2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000128657

1. Entity Name

PLJ MARKETING ENTERPRISES, INC.



FILED Feb 27, 2006 08:00 AM Secretary of State

Principal Place of Business

2701 CENTRAL PARK DRIVE SARASOTA, FL 34239 US Mailing Address

717 EAST OAK STREET

RTSSIMMEE, FL 34744 US



DO NOT WRITE IN THIS SPACE

SIGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01312006 No Chg-P CRZE034 (11/05)

4. FEI Number 20-1612079 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JENKINS, PATRICIA L 2701 CENTRAL PARK DRIVE SARASOTA, FL 34239

SIGNATURE: __

DO NOT WRITE IN THIS SPACE

2-24-02

Caytim & Phone 4

	named entity submits this statement for the priors of registered agent.	urpose of changing its registered	office or f	egistered agent, or bo	th, in the State of Florida Tam familiar with, and accept
SIGNATURE_	Signature typed or printed name of registered agent and title fi	applicable PROTE Registered A	Agent signature	required when reinstalling)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign I Trust Fund Contribut			ing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			· · · · · · · · · · · · · · · · · · ·
TITLE NAME SIREET ADDRESS CITY-SI-ZIP	PSTD JENKINS, PATRICIA L 2701 CENTRAL PARK DRIVE SARASOTA, FL 34239				
NAME STREET ADDRESS CALY-SI-ZIP					#00000450148 03/09/0 6 8 0081-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-21P				DO	NOT WRITE
TITLE NAME STREET AUGRESS CITY-ST-ZIP				IN '	THIS SPACE
THELE NAME SHREET ADDRESS CITY-ST-ZIP					
THLE MAME STREET ADDRESS CITY-ST-ZIP					
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 attention and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the occupantion 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 displacative accupanced.					