


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90019 003 \*\*\*150.00

**DOCUMENT # P98000015897**

1. Entity Name  
**MRJ ENTERPRISES OF NORTHWEST FLA, INC.**



Principal Place of Business      Mailing Address  
**4944 HWY 90**      **4944 HWY 90**  
**PACE, FL 32571**      **PACE, FL 32571**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**2340 Arriviste way**      **2340 Arriviste way**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Pensacola, FL**      **Pensacola, FL**

Zip      Country      Zip      Country  
**32504**      **USA**      **32504**      **USA**

40048217



03062008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-3498774**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ABENDAN, CELLIE C**  
**2340 ARRIVISTE WAY**  
**PENSACOLA, FL 32504**

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 Cellie Abendan, Ceo      DATE

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ABENDAN, CELLIE C 2340 ARRIVISTE WAY PENSACOLA, FL 32504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABENDAN, JENNIFER 4000 POTOSI PENSACOLA, FL 32503	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABENDAN, RICHARD 5309 ROWE TRAIL PACE, FL 32571	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WATSON, MARIANNE 90 DILEY RD CANAL WINCHESTER, OH 43110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Watson, Marianne 11920 Beech Tree Dr. Thornville, Ohio 43076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Cellie Abendan, Ceo      3/11/08      850-437-0005  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #