
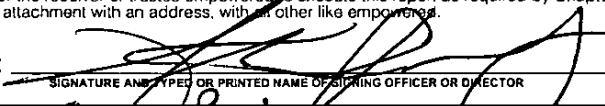


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
08 FEB 13 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | |
|---|------------------------------------|--|---|---|
| DOCUMENT # P07000129475 | | | |  |
| 1. Entity Name P3 PUBLIC RELATIONS, INC. | | | | |
| Principal Place of Business 215 S MONROE STREET SECOND FLOOR TALLAHASSEE, FL 32301 | | Mailing Address 215 S MONROE STREET SECOND FLOOR TALLAHASSEE, FL 32301 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 02072008 Chg-P CR2E034 (12/06) Applied For <input type="checkbox"/> Not Applicable |
| 6. Name and Address of Current Registered Agent BRANNEN, J. BRECK 215 S MONROE STREET SECOND FLOOR TALLAHASSEE, FL 32301 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DELEGAL, MARK K | NAME | | |
| STREET ADDRESS | 215 S MONROE ST, 2ND FLR | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 | CITY-ST-ZIP | | 300119107723 02/29/08--01012--012 **150.00 |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DUNBAR, MARC W | NAME | | |
| STREET ADDRESS | 215 S MONROE ST, 2ND FLR | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 | CITY-ST-ZIP | | |
| TITLE | DS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BRANNEN, J. BRECK W | NAME | | |
| STREET ADDRESS | 215 S MONROE ST, 2ND FLR | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | NEWMAN, BRIAN | NAME | | |
| STREET ADDRESS | 215 S MONROE ST, 2ND FLR | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PURITZ, STEVEN M | NAME | | |
| STREET ADDRESS | 215 S MONROE ST, 2ND FLR | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RODENBERRY, STEVE | NAME | | |
| STREET ADDRESS | 215 S MONROE ST, 2ND FLR | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 | 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 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 or other like empowerment. | | | | |
| SIGNATURE:  | | Date: 2/8/08 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | | |

R 2/14