

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000129475

Entity Name: P3 PUBLIC RELATIONS, INC.

FILED
Feb 08, 2011
Secretary of State

Current Principal Place of Business:

215 S MONROE STREET
SECOND FLOOR
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

215 S MONROE STREET
SECOND FLOOR
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 26-1522208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANNEN, J. BRECK
215 S MONROE STREET
SECOND FLOOR
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: DUNBAR, MARC W
Address: 215 S MONROE ST, 2ND FLR
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP
Name: DELEGAL, MARK K
Address: 215 S MONROE ST, 2ND FLR
City-St-Zip: TALLAHASSEE, FL 32301

Title: DS
Name: BRANNEN, J. BRECK W
Address: 215 S MONROE ST, 2ND FLR
City-St-Zip: TALLAHASSEE, FL 32301

Title: D
Name: DICKSON, BRANDI
Address: 215 S MONROE ST, 2ND FLR
City-St-Zip: TALLAHASSEE, FL 32301

Title: D
Name: PURITZ, STEVEN M
Address: 215 S MONROE ST, 2ND FLR
City-St-Zip: TALLAHASSEE, FL 32301

Title: P
Name: RODDENBERRY, J. STEVE
Address: 215 S MONROE ST, 2ND FLR
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: J. STEVE RODDENBERRY

P

02/08/2011

Electronic Signature of Signing Officer or Director

_____ Date