


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 241339
 1. Entity Name
 P.E.P., INC.



Principal Place of Business 1833 S.E. 17TH ST., PILOT HOUSE BLDG. 13017 PORT EVERGLADES STATION FT LAUDERDALE, FL 33316	Mailing Address 1833 S.E. 17TH ST., PILOT HOUSE BLDG. 13017 PORT EVERGLADES STATION FT LAUDERDALE, FL 33316
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02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0913068	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, ROBERT I
 1833 SE 17TH ST
 FORT LAUDERDALE, FL 33316

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

UN00010072313
 02/01/04 08106 005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARENT, ROLAND R. 1833 S.E. 17TH STREET FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOYE, KEITH 1833 S.E. 17TH STREET FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACKSON, ROBERT I 1833 S.E. 17TH ST. FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORMACK, KEVIN L 1833 S.E. 17TH STREET FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RYAN, JAMES J 1833 SE 17TH ST FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WINSLOW, GEORGE 1833 SE 17TH ST FORT LAUDERDALE, FL 33316

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 officers empowered.

SIGNATURE: James J. Ryan **JAMES J. RYAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2-26-04 Daytime Phone # 954-522-4491