

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 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



03222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0913068	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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03/25/05-80042-003 150.00

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IN THIS SPACE**

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

Kevin L. Cormack

Kevin L. Cormack

3.22.04

984 522 4491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #