


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 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



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

PATTERSON, MARK C
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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000841511
03/10/08-80020-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CUNNINGHAM, MICHAEL J
STREET ADDRESS	1833 S.E. 17TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316

TITLE	VD
NAME	HOYE, KEITH
STREET ADDRESS	1833 S.E. 17TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316

TITLE	PD
NAME	PATTERSON, MARK C
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

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James J. Ryan 2/21/08 954-522-4491

Date

Daytime Phone #