2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachment

SIGNATURE:

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with all other like empowered.

Mar 24, 2006 8:00 am **Secretary of State** DOCUMENT # 770245 1. Entity Name 03-24-2006 90027 035 ****61.25 PEPPER MILL OF LAKE COUNTY, INC. Principal Place of Business Mailing Address 11000 RIVERSIDE RD 636 MT HOMER ROAD EUSTIS FL 32726 C/O KAREN MARTIN PO BOX 895357 LEESBURG FL 34789 2, Principal Place of Business 3. Mailing Address 624 m Hower Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For ฆรฑัร 59-2318726 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHRISTOPHER CRIDER, MARVIN Street Address (P.O. Box Number is Not Acceptable) 500 ARDICE AVE. EUSTIS FL 32726 CityEUSTIS 8. The above named entity submits his 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 regis, SIGNATURE (NOTE: Registered Agent signature required when reinstatrio) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 数值 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 STD TITLE Delete TITLE Change ■ Addition WHEELER, FERN NAME 638 MT HOMER RD STREET ADDRESS STREET ADDRESS EUSTIS FL 32726 CITY-ST-ZIP CITY-ST-ZIP TITLE PD Delete TITLE ☐ Change Addition RIDGE, MICHAEL NAME NAME 632 MT HOMER RD STREET ADDRESS STREET ADDRESS EUSTIS FL 32726 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DJOUZA, TERENCE NAME NAME Rest is STREET ADDRESS STREET ADDRESS 628 MT HOMER RD EUSTIS FL 32726 CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE Change (X) Addition WELLSSA MORGAN NAME NAME 622 MT HOWER RD STREET ADDRESS STREET ADDRESS 3 2726 CITY-ST-ZIP CITY-ST-ZIP EUST15 ☐ Delete TITLE ☐ Change Addition NAME NAME CHRISTOPHER E. DONATIVE STREET ADDRESS STREET ADDRESS 624 MT. HOWER CITY-ST-ZIP CITY-ST-ZIP 32726 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 truster impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11

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