

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90030 004 ***158.75

DOCUMENT # F07000003575

1. Entity Name
PILGRIM INTERNATIONAL, INC.



Principal Place of Business
**14489 US 20
MIDDLEBURY, IN 46540**

Mailing Address
**14489 US 20
MIDDLEBURY, IN 46540**

2. Principal Place of Business - No P.O. Box #
105 14TH Avenue

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
Middlebury IN

Zip
46540 Country
USA



04032008 Chg-P CR2E034 (12/06)

4. FEI Number
30-0036702

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BINFORD, AL
6240 GULF BREEZE PKWY
GULF BREEZE, FL 32563**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
HOEFER, C. DAVID
57836 SPRING MEADOW FARM DRIVE
MIDDLEBURY, IN 46540** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BENNETT, STEVE
23434 SHORE LANE
ELKHART, IN 46514** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HARRIS, WILLIAM
51245 STRATFORD DRIVE
ELKHART, IN 46514** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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

Date

Daytime Phone #

Steve Bennett

4/4/08 514 825 8686