## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## DOCUMENT # F80446 May 01end2000 08:00 AN 1. Entity Name •Secretary/of•State PEPPER RIDGE, INC. Post Office Box 6327 Tallahassee, Florida 32314 Principal Place of Business. ... Mailing Address 3866 PROSPECT AVE P.O. BOX 1208 HOBE SOUND FL 33475-1208 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2191813 Not Applicat. Zip Country 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 Name KOSLOSKI, KENNETH C Street Address (P.O. Box Number is Not Acceptable) 3866 PROSPECT AVE **STE 18** RIVIERA BEACH FL 33404 City 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 DATE Signature, typed or printed name of registered agent and lifte if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May B After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Change Addition TITLE ☐ Delete TITLE NAME KOSLOSKI, KENNETH C. NAME U00000557514 STREET ADDRESS 3866 PROSPECT AVE, STE 18 STREET ADDRESS 05/17/06-80053-024 150.00 CITY-ST-ZIP RIVIERA BEACH FL 33404 CITY-ST-ZIP ۷D ☐ Delete ☐ Change ☐ Additio TITLE me NAME KOSLOSKI, GERALD P NAME STREET ADDRESS STREET ADDRESS 3866 PROSPECT AVE, STE 18 CITY-ST-ZIP RIVIERA BEACH FL 33404 CITY - ST - ZIP Additio Delete Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Ada::: TITLE ☐ Delete THILE Change NAME NAME STREET ADDRESS STREET ADDRESS City-St-7/P CITY-ST-ZIP TITLE Delete TITLE Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Defete RHF ☐ Change Add"... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes 1 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

Gerald P. Kosloski, Vice Pres.

4/25/06

561-844-2500

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