-2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Feb 16, 2007. 08:00 A DOCUMENT # F80446 **Secretary of State** 1. Entity Name PEPPER RIDGE, INC. Principal Place of Business -Mailing Address P.O. BOX 1208 3866 PROSPECT AVE HOBE SOUND FL 33475-1208 **STE 18** RIVIERA BEACH FL 33404 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 59-2191813 Not Applicable Country Zip Country \$8.75 Additional 5. Cortificate of Status Desirod 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. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Change Addition HIEF Delete KOSLOSKI, KENNETH C. NAME MARK 3866 PROSPECT AVE, STE 18 STREET ADDRESS STREET ADDRESS U00000637792 RIVIERA BEACH FL 33404 CUTY ST-70P CITY-SI-ZIP HILE Delete MILE ☐ Change ☐ Addition KOSLOSKI, GERALD P NAME 3866 PROSPECT AVE, STE 18 STREET ADDRESS STREET ADDRESS RIVIERA BEACH FL 33404 CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete THE me NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Change Addition Delete TEST THE NAME MAN STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP Detete ☐ Change - 🔲 Addilion THE 11111 NAMI NAME STREET ADDRESS STREET ADORESS CHY-ST-ZIP CITY ST ZIF

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 logal 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.

STREET ADDRESS

CITY-ST-ZIP

MIL

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Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

une

NAME

STREET ADDRESS CITY ST-ZIP

Gerald P. Kosloski, Vice Pres.

02/13/07

Date

561-844-2500

☐ Change

Addition

Daytime Phone