2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# N04000005902

Entity Name: PEPIN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

502 KENNEDY BLVD.
SUITE 1700
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT J. AMMON
6401 N. 56TH STREET
TAMPA, FL 33610

New Mailing Address:

C/O PETER JAMES HOBSON
6401 N. 56TH STREET
TAMPA, FL 33610

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ELLWANGER, THOMAS J
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PEPIN, THOMAS A
Address: 6401 N. 54TH STREET
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: PEPIN, POLLY V
Address: 6401 N. 54TH STREET
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: AMMON, ROBERT J
Address: 6401 N. 54TH STREET
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: HOBSON, PETER J
Address: 6401 N. 54TH STREET
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER JAMES HOBSON D 05/03/2005
Electronic Signature of Signing Officer or Director — Date