

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002503

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** THE PEPIN ACADEMIES, INC.

**Current Principal Place of Business:**

3916 E HILLSBOROUGH AVE  
TAMPA, FL 33610 US

**New Principal Place of Business:**

**Current Mailing Address:**

3916 E HILLSBOROUGH AVE  
TAMPA, FL 33610 US

**New Mailing Address:**

**FEI Number:** 59-3580106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCOLARO, EDWARD A  
3303 N. DECATUR AVE  
TAMPA, FL 33603 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: DIRE  
Name: WILLIAMS, JOE  
Address: 634 PENN NATIONAL RD  
City-St-Zip: SEFFNER, FL 33584

Title: PRES  
Name: RAYSIN, DANIEL  
Address: 405 STRATHAVEN CT  
City-St-Zip: LUTZ, FL 33549

Title: TREA  
Name: MUELLER, DAVID  
Address: 13515 GREENTREE DR  
City-St-Zip: TAMPA, FL 33613

Title: D  
Name: SHEILA, GREEN  
Address: 16349 ASHINGTON DR.  
City-St-Zip: TAMPA, FL 33647 US

Title: VP  
Name: KING, NATALIE  
Address: 6013 BOWEN DANIEL DR  
City-St-Zip: TAMAPA, FL 33606 US

Title: DIR  
Name: PEPIN, PAM  
Address: 1014 RIVERHILLS DR  
City-St-Zip: TAMPA, FL

I hereby 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 all other like empowered.

SIGNATURE: DANIEL RAYSIN

PRES

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date