FROM : MIKE FAX NO. : 9414335669 Feb. 12 2005 08:59PM P10

FILED
Apr 23, 2005 08:00 AM
Secretary of State

ANNUAL REPORT

DOCUMENT # P00000021360

1. Entity Name
PEPSCO INC.

Principal Place of Business
16241 FAIRWAY WOODS DR.
FT. MYERS, FL 33908

Mailing Address
16241 FAIRWAY WOODS DR.
FT. MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

02082005 No Chg-P CR2E034 (10/03)

4. FEI Number
36-3153191

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DILNY, MIKE M
16241 FAIRWAY WOODS DR.
FT. MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

U00000326191
04/23/05-80047-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	DILNY, MIKE M
STREET ADDRESS	16241 FAIRWAY WOODS DR.
CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	V
NAME	DILNY, SCOTT C
STREET ADDRESS	1343 RIVER RD
CITY-ST-ZIP	N FORT MYERS, FL 33903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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] 4/20/05 239-997-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #