

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000063506

FILED
Apr 28, 2004
Secretary of State

Entity Name: PEPPERCORN, INC.

Current Principal Place of Business:

12189 US HWY 1,STE.12
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

12189 US HWY 1
SUITE 3
NORTH PALM BEACH, FL 33408

Current Mailing Address:

12189 US HWY 1,STE.12
NORTH PALM BEACH, FL 33408

New Mailing Address:

12189 US HWY 1
SUITE 3
NORTH PALM BEACH, FL 33408

FEI Number: 65-1022122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUAST, CARRIE
12189 US HWY 1,STE.12
NORTH PALM BEACH, FL 33408

Name and Address of New Registered Agent:

QUAST, CARRIE
12189 US HWY 1
SUITE 3
NORTH PALM BEACH, FL 33408

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: CARRIE QUAST

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: QUAST, CARRIE
Address: 4840 DUPONE AVE S
City-St-Zip: MINNEAPOLIS, MN 55409

Title: D () Delete
Name: VILLAFANA, JUDE
Address: 4840 DUPONE AVE S
City-St-Zip: MINNEAPOLIS, MN 55409

Title: MGR () Delete
Name: COLLEEN, DABILL
Address: 362 CHURCHILL ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARRIE QUAST

D

04/28/2004

Electronic Signature of Signing Officer or Director

Date