

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

ATX1

DOCUMENT # P02000118062 1. Entity Name PALM VALLEY PEPPERS INC		DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 139 PALM VALLEY WOODS DR Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State PONTE VEDRA BEACH, FL				City & State	
Zip 32082	Country USA			Zip	Country
DO NOT WRITE IN THIS SPACE		4. FEI Number 06-1668138		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent			
		Name BALDWIN, DELLA G. Street Address (P.O. Box Number is Not Acceptable) 139 PALM VALLEY WOODS DR City PONTE VEDRA BEACH FL Zip Code 32082			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP BALDWIN, DELLA G. 139 PALM VALLEY WOODS DR PONTE VEDRA BEACH, FL 32082			11. TITLE NAME STREET ADDRESS CITY-ST-ZIP BALDWIN, ARTHUR T. 139 PALM VALLEY WOODS DR PONTE VEDRA BEACH, FL 32082		
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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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Della G. Baldwin</i> DELLA G. BALDWIN <i>President</i> 4-15-04 285-3486 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					