2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045181

Entity Name: PEPPERFISH, INC.

FILED Feb 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

50 MAIN STREET

HORSESHOE BEACH, FL 32648 US

Current Mailing Address: New Mailing Address:

PO BOX 100

HORSESHOE BEACH, FL 32648 US

FEI Number: 41-2091706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LAWLER, WILLIAM
3911 W ANGELES STREET

LAWLER, WILLIAM
50 MAIN STREET

TAMPA, FL 33629 US HORSESHOE BEACH, FL 32648 US

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: WILLIAM LAWLER 02/05/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 LAWLER, WILLIAM F
 Name:
 LAWLER, WILLIAM F

 Address:
 3911 W ANGELES STREET
 Address:
 50 MAIN STREET

City-St-Zip: TAMPA, FL 33629 US City-St-Zip: HORSESHOE BEACH, FL 32648 US

Title: O () Delete Title: () Change () Addition

 Name:
 PORTER, ERNEST A
 Name:

 Address:
 900 RIO ST. JOHN DRIVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32211 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM LAWLER O 02/05/2008