

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 28, 2004 8:00 am
Secretary of State

05-05-2004 90196 031 ***150.00

DOCUMENT # P03000124384					
1. Entity Name PPC INTERNATIONAL, INC.					
Principal Place of Business 9724 CYPRESS SHADOW AVE TAMPA, FL 33647-1811			Mailing Address 9724 CYPRESS SHADOW AVE TAMPA, FL 33647-1811		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEL Number 13-4268008					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent VON HAINHOLZ RANCH KENNELS CORP. 2212 E 4TH AVE TAMPA, FL 33605					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State FL Zip Code					
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 _____ (NOTE: Registered Agent signature required when appointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP SINGER, ROBERT L 9724 CYPRESS SHADOW AVE TAMPA, FL 336471811 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	William Abram, Dr 6760 Jimmy Carter Blvd Norcross, GA 30071 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>William Abram</i> 4-24-04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66429075



04302004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

FL Zip Code

☐ Change ☐ Addition

☐ Change ☐ Addition

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Date Daytime Phone #