

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90266 041 ***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 14241 60th St. North Suite, Apt. #, etc.		3. Mailing Address 601 Jefferson Davis Hwy Suite, Apt. #, etc. Suite 201			
City & State Clearwater, FL		City & State Fredericksburg, VA		4. FEI Number 13-4268008	
Zip 33760		Country USA		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 Von Hainholz Ranch Kennels Corp. Street Address (P.O. Box Number is Not Acceptable) 14241 60th St. North City Clearwater FL Zip Code 33760			
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 <u><i>Von Hainholz Ranch Kennels Corp. - Agent</i></u> <u><i>4-10-05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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-ST-ZIP	DP ABRAM, WILLIAM 6760 JIMMY CARTER BLVD NORCROSS, GA 30071	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-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: <u><i>William Abram</i></u> <u><i>4-13-05</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					