


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90078 032 ***150.00

DOCUMENT # P03000124384 1. Entity Name PPC INTERNATIONAL, INC.					
Principal Place of Business 14241 60TH STREET NORTH CLEARWATER, FL 33760			Mailing Address 601 JEFFERSON DAVIS HWY SUITE 201 FREDERICKSBURG, VA 22401		
2. Principal Place of Business - No P.O. Box # 11668 N. Hercules Ave		3. Mailing Address Suite, Apt. #, etc. Unit E			
Suite, Apt. #, etc. Unit E		City & State Clearwater, FL			
City & State Clearwater, FL		City & State Clearwater, FL		4. FEI Number 13-4268008	
Zip 33765		Country		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. 14241 60TH STREET NORTH CLEARWATER, FL 33760			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11668 N. Hercules Ave Unit E City Clearwater FL Zip Code 33765		
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 reinstating) Signature, typed or printed name of registered agent and title if applicable. (WALTER DRAKEFORD) DATE 3-30-07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ (WILLIAM ABRAM, PRES) DATE 3-30-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40046433



01052007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Unit E

City

FL

Zip Code

33765

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY - ST - ZIP
DP
ABRAM, WILLIAM
6760 JIMMY CARTER BLVD
NORCROSS, GA 30071

☐ Delete

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NAME
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SIGNATURE:

_____ (WILLIAM ABRAM, PRES)

WILLIAM ABRAM, PRES

DATE 3-30-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #