## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000037108

MARONE, ALÌCIA

1449 49 AVE NE

ST. PETERSBURG, FL 33703

Name:

Address:

City-St-Zip:

Entity Name: THE PEPPERMILL RESTAURANT, INC.

FILED Apr 21, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of E	New Principal Place of Business:	
	HAVENUE NORTHEAST RSBURG, FL 33703			
Current N	lailing Address:	New Mailing Address:		
	HAVENUE NORTHEAST RSBURG, FL 33703			
FEI Number	: 20-2476616 FEI Number Applied For (	) FEI Number Not Applicable()	Certificate of Status Desired ( )	
Name and	d Address of Current Registered Agen	t: Name and Address of Ne	ew Registered Agent:	
ST. PETE	4 STREET N. RSBURG, FL FL US e named entity submits this statement for e of Florida.	the purpose of changing its registered off	ice or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered	d Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution ( )			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) Delete MARONE, MARK 1449 49TH AVENUE NORTHEAST ST. PETERSBURG, FL 33703	Title: ( ) 0 Name: Address: City-St-Zip:	Change()Addition	
Title: Name: Address: City-St-Zip:	V () Delete MARONE, MATTHEW 6060 LEELAND ST. S. SAINT PETERSBURG, FL 33715	Title: ( ) 0 Name: Address: City-St-Zip:	Change()Addition	
Title: Name: Address: City-St-Zip:	T () Delete MARONE, TRACIE 6060 LEELAND ST. S. SAINT PETERSBURG, FL 33715	Title: ( ) 0 Name: Address: City-St-Zip:	Change ()Addition	
Title:	S ( ) Delete	Title: ( ) (	Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARK MARONE P 04/21/2009