

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000148870

1. Entity Name
PEPPERS TRIPOD DAYCARE CENTERS, INC.



Principal Place of Business

202 W DUVAL STREET
LIVE OAK, FL 32064

Mailing Address

202 W DUVAL STREET
LIVE OAK, FL 32064

FILED

Jul 09, 2008 08:00 AM
Secretary of State



07042008 No Chg-P CR2E034 (11/05)

4. FEI Number
71-0991953

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PETTREY, SADIE
14293 111TH PL
MCALPIN, FL 32062

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

U000000953796

11/20/08-80005-025 150.00

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEPPERS, EVELYN
STREET ADDRESS	9449 CNTY RD 49
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-08

386-3647004