

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P93000019878

1. Entity Name

THE PEPPER ENGINEERING GROUP, INC.



Principal Place of Business

182 NE 168 STREET
NORTH MIAMI BEACH, FL 33162

Mailing Address

P O BOX 266348
WESTON, FL 33326 US



01062006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0399735

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PEPPER, JOHN
182 NE 168 STREET
NORTH MIAMI BEACH, FL 33162

**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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PEPPER, JOHN
STREET ADDRESS P O BOX 266348
CITY-ST-ZIP WESTON, FL 33326

TITLE VPD
NAME MCLELLAN, GREGORY
STREET ADDRESS 182 NE 168 STREET
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

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01/25/06 80026-004 158.75

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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

Date

Daytime Phone #

GREGORY MCLELLAN 1/6/2006 (305) 655-1115