

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000072024

1. Entity Name
PEPPER HILL GROWERS, INC.



Principal Place of Business
**17765 SW 31ST ST
DUNNELLON, FL 34432 US**

Mailing Address
**17765 SW 31ST ST
DUNNELLON, FL 34432 US**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3273372	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CLOUD, JEAN A
17765 SW 31ST ST
DUNNELLON, FL 34432**

**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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000892013
04/23/08-00048-013-150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CLOUD, JEAN A
STREET ADDRESS	17765 SW 31ST ST
CITY-ST-ZIP	DUNNELLON, FL 34432

TITLE	VP
NAME	CLOUD, WILTON C
STREET ADDRESS	17765 SW 31ST ST
CITY-ST-ZIP	DUNNELLON, FL 34432

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jean Ann Cloud 9 April 2008 352-489-0390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #