

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000041389

FILED  
May 07, 2004  
Secretary of State

Entity Name: PEPPER COVE MARICULTURE INC.

**Current Principal Place of Business:**

1731 INDIAN RIVER DR.  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 215  
ROSELAND, FL 329570215

**New Mailing Address:**

FEI Number: 59-3576553

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DE POMPIGNAN, MARC  
8040 S. HWY A1A  
MELBOURNE BEACH, FL 32951

**Name and Address of New Registered Agent:**

DE POMPIGNAN, MARC  
5655 BRABROOK AVE  
GRANT, FL 32949

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.

SIGNATURE: MARC DE POMPIGNAN

05/07/2004

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: DE POMPIGNAN, MARC  
Address: 1731 INDIAN RIVER DR.  
City-St-Zip: SEBASTIAN, FL 32958

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: MARC DE POMPIGNAN

PTSD

05/07/2004

Electronic Signature of Signing Officer or Director

Date