

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000090932**

1. Entity Name  
**PEPPINO'S FOODS, INC.**



Principal Place of Business  
**3201 N 44TH AVE  
ST PETERSBURG, FL 33714**

Mailing Address  
**3201 N 44TH AVE  
ST PETERSBURG, FL 33714**

**DO NOT WRITE IN THIS SPACE**



06282005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**58-2505965**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HASKINS III, ARTHUR L  
3201 44TH AVE N  
SAINT PETERSBURG, FL 33714**

**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  
Due by September 7, 2005**

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	PD
NAME	GREINER, MICHAEL
STREET ADDRESS	6 FARMINGTON AVE
CITY - ST - ZIP	LONGMEADOW, MA 01106
TITLE	STD
NAME	HASKINS, III, ARTHUR L
STREET ADDRESS	844 LONGMEADOW STREET
CITY - ST - ZIP	LONGMEADOW, MA 01106
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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07/01/05-80001-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**

*Michael Greiner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-28-05 (717) 525-6660**  
Date Daytime Phone #