2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000008710

FILED Mar 16, 2005 Secretary of State

Entity Name: EPIC MANAGEMENT SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 1798 S. WOODLAND BLVD. DELAND, FL 32720 **Current Mailing Address: New Mailing Address:** P.O. BOX 2076 DELAND, FL 32721 FEI Number: 20-0553048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAWRENCE, EDITH D DEMARSH, WILLIAM F 2285 WILMHURST ROAD 2209 OAK HILL DRIVE DELAND, FL 32721 DELAND, FL 32720 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: WILLIAM F DEMARSH 03/16/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition DEMARSH, WILLIAM F Name: Name: P.O. BOX 2076 Address: Address: City-St-Zip: DELAND, FL 32721 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: DEMARSH, CHESTER C Name: P.O. BOX 2076 Address: Address: DELAND, FL 32721 City-St-Zip: City-St-Zip: Title: Title: VΡ () Delete () Change () Addition HYZER, DAVID Name: Name: P.O. BOX 100 Address: Address: City-St-Zip: BAD AXE, MI 48413 City-St-Zip: Title: () Delete Title: () Change () Addition LAWRENCE, EDITH D Name: Name: Address: P.O. BOX 2076 Address: City-St-Zip: DELAND, FL 32721 City-St-Zip: Title: Title: () Delete

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.

Name:

Address:

City-St-Zip:

SIGNATURE: EDITH D LAWRENCE SEC 03/16/2005

LAWRENCE, EDITH D

DELAND, FL 32721

P.O. BOX 2076

Name:

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