

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000057236



1. Entity Name
EPI CALYPSO CAY APARTMENTS, INC.

Principal Place of Business: **359 CAROLINA AVENUE WINTER PARK FL 32789 US**
 Mailing Address: **359 CAROLINA AVENUE WINTER PARK FL 32789 US**



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-3458285**
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GRANT, DOWNING
 222 WEST COMSTOCK AVENUE
 SUITE 101
 WINTER PARK FL 32789**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SELBY, C. THOMAS 300 INTERNATIONAL PKWY STE 130 HEATHROW FL 32746	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PUGH JR, JAMES H 359 CAROLINA AVENUE WINTER PARK FL 32789	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JACOBY, MARK G 359 CAROLINA AVENUE WINTER PARK FL 32789	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RIVA, KYLE D 359 CAROLINA AVENUE WINTER PARK FL 32789	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRADLEY, STEPHEN W 359 CAROLINA AVENUE WINTER PARK FL 32789	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000080604 03/08/04-80116-005 150.00	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ *2/10/04* _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #