2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000103276

1. Entity Name

EPI SOUTHBRIDGE TWO, INC.



Principal Place of Business

300 INTERNATIONAL PARKWAY

SUITE 300

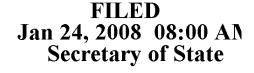
HEATHROW, FL 32746

Mailing Address

300 INTERNATIONAL PARKWAY

SUITE 300

HEATHROW, FL 32746





DO NOT WRITE IN THIS SPACE

01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3486234

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, SELBY C 300 INTERNATIONAL PKWY STE 300 LAKE MARY, FL 32746 DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose	of changing its registered office of	or registered agent, or both, in t	he 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 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE SELBY, C. THOMAS NAME STREET ADDRESS 300 INTERNATIONAL PKWY STE 300 CITY-ST-ZIP HEATHROW, FL 32746 TITLE NAME PUGH, JAMES H JR STREET ADDRESS 359 CAROLINA AVENUE WINTER PARK, FL 32789 CITY-ST-7IP TITLE JACOBY, GREG NAME STREET ADDRESS 359 CAROLINA AVENUE CITY-ST-ZIP WINTER PARK, FL 32789 TITLE RIVA, KYLE D NAME STREET ADDRESS 359 CAROLINA AVENUE CITY-ST-ZIP WINTER PARK, FL 32789 BRADLEY, STEPHEN W NAME STREET ADDRESS 359 CAROLINA AVENUE CITY-ST-ZIP WINTER PARK, FL 32789 TITLE NAME STREET ADORESS CITY-ST-ZIP

01/25/08-80018-005 150:00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATO OFFICER OR DIRECTOR

1/11/08 407-644-9055