

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000103276

FILED  
Jan 11, 2011  
Secretary of State

Entity Name: EPI SOUTHBRIDGE TWO, INC.

**Current Principal Place of Business:**

359 CAROLINA AVE  
SUITE #200  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

359 CAROLINA AVE  
SUITE #200  
WINTER PARK, FL 32789 US

**New Mailing Address:**

FEI Number: 59-3486234      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

THOMAS, SELBY C  
300 INTERNATIONAL PKWY  
STE 300  
LAKE MARY, FL 32746 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SELBY, C. THOMAS  
Address: 300 INTERNATIONAL PKWY STE 300  
City-St-Zip: HEATHROW, FL 32746

Title: P  
Name: PUGH, JAMES H JR  
Address: 359 CAROLINA AVENUE, SUITE #200  
City-St-Zip: WINTER PARK, FL 32789

Title: VPST  
Name: JACOBY, GREG  
Address: 359 CAROLINA AVENUE, SUITE #200  
City-St-Zip: WINTER PARK, FL 32789

Title: VP  
Name: RIVA, KYLE D  
Address: 359 CAROLINA AVENUE, SUITE #200  
City-St-Zip: WINTER PARK, FL 32789

Title: VP  
Name: BRADLEY, STEPHEN W  
Address: 359 CAROLINA AVENUE, SUITE #200  
City-St-Zip: WINTER PARK, FL 32789

I hereby 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 all other like empowered.

SIGNATURE: GREG JACOBY

VPST

01/11/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date