


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000048315
 1. Entity Name
 EPI SOUTHBRIDGE, INC.



Principal Place of Business: 300 INTERNATIONAL PARKWAY, SUITE 130, HEATHROW, FL 32746
 Mailing Address: 300 INTERNATIONAL PARKWAY, SUITE 130, HEATHROW, FL 32746

DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3580695 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 PARKWAY
 SUITE 130
 HEATHROW, FL 32746

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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

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SELBY, C THOMAS
STREET ADDRESS	250 INTERNATIONAL PARKWAY, SUITE 150
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	D
NAME	PUGH, JAMES H JR
STREET ADDRESS	359 CAROLINA AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	JACOBY, GREG
STREET ADDRESS	359 CAROLINA AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	RIVA, KYLE
STREET ADDRESS	359 CAROLINA AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	VP
NAME	BRADLEY, STEPHEN W
STREET ADDRESS	359 CAROLINA AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *[Signature]* 4/20/2004 (407) 333-1604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #