

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 370124**

1. Entity Name  
**EPOCH PROPERTIES, INC.**



Principal Place of Business

% JAMES H. PUGH, JR.  
359 CAROLINA AVENUE  
WINTER PARK, FL 32789

Mailing Address

% JAMES H. PUGH, JR.  
359 CAROLINA AVENUE  
WINTER PARK, FL 32789



01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1308295**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DOWNING, GRANT T  
222 WEST CONSTOCK AVE STE 101  
WINTER PARK, FL 32789

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME PUGH, JAMES H., JR.  
STREET ADDRESS 359 CAROLINA AVE  
CITY-ST-ZIP WINTER PARK, FL

TITLE VTS  
NAME JACOBY, GREG  
STREET ADDRESS 359 CAROLINA AVE  
CITY-ST-ZIP WINTER PARK, FL

TITLE V  
NAME RIVA, KYLE  
STREET ADDRESS 359 CAROLINA AVE  
CITY-ST-ZIP WINTER PARK, FL

TITLE VP  
NAME BRADLEY, STEPHEN W  
STREET ADDRESS 359 CAROLINA AVE  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE VP  
NAME NOVELL, ROBERT S  
STREET ADDRESS 359 CAROLINA AVE  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000459838  
03/18/06-80049-005 150.00

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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 SIGNING OFFICER OR DIRECTOR

Daytime Phone