2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 500718

1. Entity Name
EPOCH MANAGEMENT, INC.

Principal Place of Business	Mailing Address
359 CAROLINA AVE WINTER PARK, FL 32789 US	359 CAROLINA AVE WINTER PARK, FL 32789 US

01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1690429
☐ 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
GODBOLD, DOWNING, SHEAHAN & BILL
222 W COMSTOCK AVE STE 101
WINTER PARK, FL 32789

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	RIVA, KYLE
STREET ADDRESS	359 CAROLINA AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	VS
NAME	RELVINI, TRICIA
STREET ADDRESS	359 CAROLINA AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	PUGH, JAMES H.
STREET ADDRESS	359 CAROLINA AVE.
CITY-ST-ZIP	WINTER PARK, FL
TITLE	P
NAME	JACOBY, GREG
STREET ADDRESS	359 CAROLINA AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	V
NAME	MORGAN, KATHY
STREET ADDRESS	359 CAROLINA AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/08-80044-013 150.00

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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: _____ 1/11/08 407-629-5004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #