2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 151110

1. Entity Name
EPCO RANCH, INC.

Principal Place of Business	Mailing Address
BOX 231 STATE ROAD 577 SAN ANTONIO, FL 33576-0231	BOX 231 STATE ROAD 577 SAN ANTONIO, FL 33576-0231

04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0932111
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EPPERSON, ANITA G
BOX 231, STATE RD 577
SAN ANTONIO, FL 33576

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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, 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	PD
NAME	EPPERSON, GEORGE B.
STREET ADDRESS	BOX 231 STATE RD
CITY-ST-ZIP	SAN ANTONIO, FL
TITLE	VD
NAME	EPPERSON, GEORGE L.
STREET ADDRESS	BOX 231 STATE RD
CITY-ST-ZIP	SAN ANTONIO, FL
TITLE	TD
NAME	EPPERSON, ANITA G.
STREET ADDRESS	BOX 231 STATE RD, 577
CITY-ST-ZIP	SAN ANTONIO, FL
TITLE	D
NAME	ABBITT JR, JAMES M
STREET ADDRESS	2608 COVENTRY ST
CITY-ST-ZIP	LAKELAND, FL
TITLE	D
NAME	ABBITT, ALPHA E.
STREET ADDRESS	770 SOLEDAD AVENUE
CITY-ST-ZIP	BARTOW, FL
TITLE	DS
NAME	ABBITT, ALICE A.
STREET ADDRESS	770 SOLEDAD AVENUE
CITY-ST-ZIP	BARTOW, FL

U00000517002
05/01/06-80027-008 150.00

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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: Anita Epperson 4-14-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #