

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # 151110	
1. Entity Name EPCO RANCH, INC.	
Principal Place of Business BOX 231 STATE ROAD 577 SAN ANTONIO, FL 33576-0231	Mailing Address BOX 231 STATE ROAD 577 SAN ANTONIO, FL 33576-0231



04232007 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 <input type="checkbox"/> \$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	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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

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

DO NOT WRITE IN THIS SPACE

U000000739967
05/14/07-80048-015 150.00

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 prepare 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 duly empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-07
Date Daytime Phone #