

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 151110

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** EPCO RANCH, INC.

**Current Principal Place of Business:**

BOX 231 STATE ROAD 577  
SAN ANTONIO, FL 335760231

**New Principal Place of Business:**

**Current Mailing Address:**

BOX 231  
SAN ANTONIO, FL 335760231

**New Mailing Address:**

**FEI Number:** 59-0932111

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: EPPERSON, GEORGE B  
Address: BOX 231 STATE RD  
City-St-Zip: SAN ANTONIO, FL

Title: P/D  
Name: EPPERSON, GEORGE L  
Address: BOX 231 STATE RD  
City-St-Zip: SAN ANTONIO, FL

Title: VP/S  
Name: EPPERSON, ANITA G  
Address: BOX 231 STATE RD, 577  
City-St-Zip: SAN ANTONIO, FL

Title: D  
Name: ABBITT JR, JAMES M  
Address: 2608 COVENTRY ST  
City-St-Zip: LAKELAND, FL

Title: D  
Name: EPPERSON, BOBBIE L  
Address: PO BOX 231, STATE RD 577  
City-St-Zip: SAN ANTONIO, FL 33576

Title: DS  
Name: ABBITT, ALICE A.  
Address: 770 SOLEDAD AVENUE  
City-St-Zip: BARTOW, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANITA G EPPERSON

VP/S

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date