

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 427997

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** EPICURIAN ASSOCIATES OF TALLAHASSEE, INC.

**Current Principal Place of Business:**

228 S. ADAMS STREET  
TALLAHASSEE, FL 323011733

**New Principal Place of Business:**

**Current Mailing Address:**

228 S. ADAMS STREET  
TALLAHASSEE, FL 323011733

**New Mailing Address:**

**FEI Number:** 59-1468487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOVEY, JEROME M.  
300 E PARK AVENUE  
TALLAHASSEE, FL 32301 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: REISS, ANDREW MAC  
Address: 2624 LUCERNE DRIVE  
City-St-Zip: TALLAHASSEE, FL

Title: TD ( ) Delete  
Name: REISS, MAXIN LYN  
Address: 2624 LUCERNE DRIVE  
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete  
Name: REISS, LAURA  
Address: 3701 N CNTRY CLB DR 508  
City-St-Zip: N. MIAMI BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** ANDREW REISS

PD

04/16/2009

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

\_\_\_\_\_  
Date