


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 549461 1. Entity Name EPTS, INC.	
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Principal Place of Business 3235 HENDERSON BLVD. TAMPA, FL 33609 US	Mailing Address 8205 SUNNYSLOPE DRIVE TAMPA, FL 33615-2129
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01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1765406	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

SMITH, FRANKLIN T
 8205 SUNNYSLOPE DRIVE
 TAMPA, FL 33615

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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 _____
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000195381 01/26/05-80026-002 150.00
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10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SMITH, FRANKLIN T
STREET ADDRESS	8205 SUNNYSLOPE DR
CITY-ST-ZIP	TAMPA, FL
TITLE	DS
NAME	SMITH, GERALDINE B
STREET ADDRESS	8205 SUNNYSLOPE DR
CITY-ST-ZIP	TAMPA, FL
TITLE	V
NAME	SMITH, GORDON D
STREET ADDRESS	16621 VALLEY DRIVE
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Franklin T. Smith **FRANKLIN T. SMITH** 01/15/05 (813) 872-0723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #