

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

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

<b>DOCUMENT # 549461</b>	
1. Entity Name EPTS, INC.	

Principal Place of Business 3235 HENDERSON BLVD. TAMPA, FL 33609 US	Mailing Address 8205 SUNNYSLOPE DRIVE TAMPA, FL 33615-2129
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**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1765406	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, FRANKLIN T  
8205 SUNNYSLOPE DRIVE  
TAMPA, FL 33615

**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 \_\_\_\_\_ 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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000195381 01/26/05-80026-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SMITH, FRANKLIN T 8205 SUNNYSLOPE DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, GERALDINE B 8205 SUNNYSLOPE DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, GORDON D 16621 VALLEY DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 <sup>01/15/05</sup> (813) 872-0723  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #