2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 549461

1. Entity Name
EPTS, INC.

Principal Place of Business	Mailing Address
3235 HENDERSON BLVD. TAMPA, FL 33609 US	8205 SUNNYSLOPE DRIVE TAMPA, FL 33615-2129

DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1765406

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** 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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000421503
02/16/06-80039-009 150.00

DO NOT WRITE IN THIS SPACE

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 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 01/30/2006 (813)872-0723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #