

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90027 001 \*\*\*150.00

<b>DOCUMENT # 570949</b> 1. Entity Name <b>G.P. EPILOGUE, INC.</b>			
Principal Place of Business <b>1756 EMERALD DR CLEARWATER, FL 33756</b>		Mailing Address <b>323 9TH AVE. N. SAFETY HARBOR, FL 34695 US</b>	
2. Principal Place of Business - No P.O. Box # <b>323 9th Ave N.</b>		3. Mailing Address <b>1756 Emerald Dr.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Safety Harbor, FL</b>		City & State <b>Clearwater, FL</b>	
Zip <b>34695</b>		Zip <b>33756</b>	
Country <b>Pinellas</b>		Country <b>Pinellas</b>	
4. FEI Number <b>59-1823482</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HERRAN, JEFFREY A. - TYPO: A. 323 9TH AVE. N. SAFETY HARBOR, FL 34695</b>		7. Name and Address of New Registered Agent Name <b>JEFFREY A. HERRAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1756 Emerald Dr.</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33756</b>	
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 <u><i>Jeffrey A. Herran</i></u> DATE <u>3/16/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>HERRAN, JEFFREY A</b> <b>323 9TH AVE NORTH</b> <b>SAFETY HARBOR, FL</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>Jeffrey A Herran</b> <b>1756 Emerald Dr</b> <b>Clearwater FL 33756-3665</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>HERRAN, PATRICK W.</b> <b>323 9TH AVE NORTH</b> <b>SAFETY HARBOR, FL</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>PATRICK W. HERRAN</b> <b>1848 MEADOW LN.</b> <b>CLEARWATER, FL 33764</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C</b> <b>HERRAN, JEFFREY A</b> <b>323 9TH AVE. N</b> <b>SAFETY HARBOR, FL</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C</b> <b>Jeffrey A Herran</b> <b>1756 Emerald Dr</b> <b>Clearwater FL 33756-3665</b>
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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: <u><i>Jeffrey A. Herran</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/16/2007</u> <small>Date</small>	