


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 622740</b> 1. Entity Name EPIC ENTERPRISES, INC.	
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Principal Place of Business 185 NE 2ND AVENUE DEERFIELD BEACH, FL 33441	Mailing Address 185 NE 2ND AVENUE DEERFIELD BEACH, FL 33441
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1924928	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  ZAVERUKA, PETER 824 SE 8TH AVE. DEERFIELD BEACH, FL 33441	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000055310 02/17/04-80032-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOPPEL, LEONARD C. 950 S.W. 20TH CT. DELRAY BEACH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAGGS, LORRAINE M. 8989 NW 70TH COURT PARKLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAGGS, BRIAN R. 8989 NW 70TH COURT PARKLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:** *Lorraine Baggs Sec-Treas* *LORRAINE BAGGS* 01/19/04 (954) 421-6506  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone