


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000001904</b> 1. Entity Name <b>EURPAC SERVICE INCORPORATED</b>	
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Principal Place of Business <b>40 WEST 6TH STREET ATLANTIC BEACH, FL 32233</b>	Mailing Address <b>40 WEST 6TH STREET ATLANTIC BEACH, FL 32233</b>
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02132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>06-0766710</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>ANSTINE, JAMES 40 WEST 6TH STREET ATLANTIC BEACH, FL 32233</b>
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**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 \_\_\_\_\_ (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"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000073351 03/02/04-80032-025 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAPPA, VINCE 4052 BRIDGEHAMPTON LANE VIRGINIA BEACH, VA 23455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARNUM, ROBERT 74 CEDAR CLIFF ROAD RIVERSIDE, CT 06878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEMKO, GEORGE 140 FIELD POINT ROAD GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECKER, FRANK J 13 PROSEPCT AVE DARIEN, CT 06820
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)(f), 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: VINCE CAPPA VICE PRESIDENT** **02/13/04** **(757) 460-1060**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #