
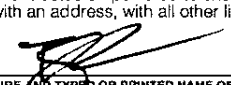


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90039 003 \*\*\*150.00

<b>DOCUMENT # F02000005127</b> 1. Entity Name 911EP, INC.					
Principal Place of Business 13386 INTERNATIONAL PKWY JACKSONVILLE, FL 32218			Mailing Address 1400 MARSH LANDING PARKWAY, SUITE 112 JACKSONVILLE, FL 32250		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		01222004    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>13-4213473</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  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CROSKREY, STEVEN E <input type="checkbox"/> Delete 1400 MARSH LANDING PARKWAY, SUITE 112 JACKSONVILLE, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BARATELLI, PHIL #112</b> <b>1400 MARSH LANDING PARKWAY</b> <b>JACKSONVILLE, FL 32250</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHILLER, ROBERT R <input type="checkbox"/> Delete 1400 MARSH LANDING PARKWAY, SUITE 112 JACKSONVILLE, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SPILLER, JONATHAN M 1400 MARSH LANDING PARKWAY, SUITE 112 JACKSONVILLE, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete SMITH, TODD 1400 MARSH LANDING PARKWAY, SUITE 112 JACKSONVILLE, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <input type="checkbox"/> Delete WILLIAMS, MARK 1400 MARSH LANDING PARKWAY, SUITE 112 JACKSONVILLE, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete SHAFER, RICH 1400 MARSH LANDING PARKWAY, SUITE 112 JACKSONVILLE, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			TODD S. SMITH, SECRETARY		1-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #