

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F02000005127

1. Entity Name  
911EP, INC.



Principal Place of Business  
13386 INTERNATIONAL PKWY  
JACKSONVILLE, FL 32218

Mailing Address  
13386 INTERNATIONAL PKWY  
JACKSONVILLE, FL 32218

APPROVED  
AND  
FILED

06 MAR -2 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JS*



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number  
13-4213473

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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 DP  
NAME O'BRIEN, SCOTT  
STREET ADDRESS 13386 INTERNATIONAL PARKWAY  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE DV  
NAME SCHILLER, ROBERT R  
STREET ADDRESS 13386 INTERNATIONAL PARKWAY  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE VAS  
NAME BARATELLI, PHIL  
STREET ADDRESS 13386 INTERNATIONAL PARKWAY  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE S  
NAME KATZ, GLENN  
STREET ADDRESS 13386 INTERNATIONAL PARKWAY  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE VT  
NAME WILLIAMS, MARK  
STREET ADDRESS 13386 INTERNATIONAL PARKWAY  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE V  
NAME SHAFER, RICH  
STREET ADDRESS 13386 INTERNATIONAL PARKWAY  
CITY-ST-ZIP JACKSONVILLE, FL 32218

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03/09/06--01017--002 \*\*850.00

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President/Assistant Secretary 02/21/2006

Date

Daytime Phone #