

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90151 036 \*\*\*150.00

**DOCUMENT # F56171**

1. Entity Name  
**EPSILON SYSTEMS, INC.**



Principal Place of Business  
**2070 STRATFORD POINTE DR  
W MELBOURNE, FL 32904 US**

Mailing Address  
**2647 LAKESIDE DR  
WHITE PINE, TN 37890 US**

2. Principal Place of Business  
**578 ORANGE GROVE**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.



02052005 Chg-P CR2E034 (10/03)

City & State  
**W. MELBOURNE, FL**  
Zip Country  
**32904 BREVARD**

City & State  
Zip Country

4. FEI Number  
**59-2141721**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GAGE, RANDALL L  
2070 STRATFORD POINTE DR  
W MELBOURNE, FL 32904**

**7. Name and Address of New Registered Agent**

Name  
**PRO-ACCT SERVICES, INC**  
Street Address (P.O. Box Number is Not Acceptable)  
**129 W. HIBISCUS BLVD STE Q**  
City **ME:BOURNE** FL Zip Code **32901**

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]* **RICHARD J GAGE** **FEB 20, 2005**  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDTS GAGE, RICHARD J. 2647 LAKESIDE DR WHITE PINE, TN 37890</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **RICHARD J GAGE** **FEB 20, 2005** 321-951-0036  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #