

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 02, 2005 8:00 am
Secretary of State

08-19-2005 90007 037 ***550.00

DOCUMENT # L84330 1. Entity Name E & P PROPERTIES, INC.	
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Principal Place of Business 16 S DOLLINS AVE ORLANDO, FL 32805 US	Mailing Address 16 S DOLLINS AVE ORLANDO, FL 32805 US
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DO NOT WRITE IN THIS SPACE

66040001



05052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3015195	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

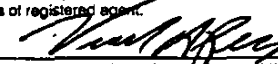
6. Name and Address of Current Registered Agent

**PIERCEFIELD, DAVID S.
100 EAST SYBELLIA AVE
STE 205
MAITLAND, FL 32751**

N/A.

**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:  **8/15/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

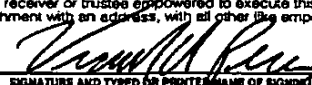
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD PEREZ, VICENTE 16 S DOLLINS AVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ESPAILLAT, JUANA 208 ATHERSTONE CT. LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:  **8/15/05** **(407)841-3866**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #

2005 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # L84330 1. Entity Name E & P PROPERTIES, INC.					
Principal Place of Business 16 S DOLLINS AVE ORLANDO, FL 32805 US			Mailing Address 16 S DOLLINS AVE ORLANDO, FL 32805 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		C06020807 05052005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 59-3015195	
Zip Country		Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIERCEFIELD, DAVID S. 100 EAST SYBELIA AVE STE 205 MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name EVERLYN Street Address (P.O. Box Number is Not Acceptable) 208 Atherstone Ct City Longwood FL Zip Code 32779	
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: <i>[Signature]</i> <i>[Signature]</i> 8/15/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PEREZ, VICENTE 16 S DOLLINS AVE ORLANDO, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ESPAILLAT, JUANA 208 ATHERSTONE CT. LONGWOOD, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR				8/15/05 (407) 841-3866 Date Daytime Phone #	