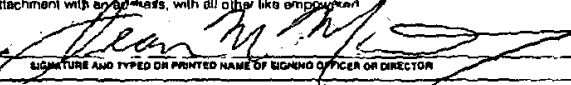


FILED
Jun 13, 2005 8:00 am
Secretary of State

05-02-2005 90459 010 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000007640		
1. Entity Name EPICC, INC.		
Principal Place of Business 301 BROADWAY RIVIERA BEACH, FL 33404		Mailing Address 301 BROADWAY RIVIERA BEACH, FL 33404
2. Principal Place of Business 301 Broadway Suite, Apt. #, etc.		3. Mailing Address 301 Broadway Suite, Apt. #, etc.
City & State Riviera Beach, FL		City & State Riviera Beach, FL
Zip 33404		Zip 33404
Country USA		Country USA
4. FEI Number 20-1512139		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MOORE, PAUL A 301 BROADWAY RIVIERA BEACH, FL 33404		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 date if applicable (NOTE: Registered Agent signature required when remaining) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
D BYTNAR, ROBERT A 301 BROADWAY RIVIERA BEACH, FL 33404		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
D KRABEC, GLENN 301 BROADWAY RIVIERA BEACH, FL 33404		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
D MALECKI, JEAN M 301 BROADWAY RIVIERA BEACH, FL 33404		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
D WIENKOWSKI, RON 301 BROADWAY RIVIERA BEACH, FL 33404		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with an addendum, with all other like employment.		
SIGNATURE: 		5/04/05 (561) 882-3226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #