

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000102162

1. Entity Name
EPH ENTERPRISES, INC.



Principal Place of Business
24885 TROST BLVD
BONTIA SPRINGS, FL 34135

Mailing Address
24885 TROST BLVD
BONTIA SPRINGS, FL 34135

FILED
Mar 04, 2004 08:00 AM
Secretary of State



01092004 No Chg-P CR2E034 (10/03)

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4. FEI Number
04-3675467

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FROSCHAUER, ROSA M
24872 TROST BLVD
BONTIA SPRINGS, FL 34135

**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 *Rosa Frochauer for Elfriede Haida*
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, 2004 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
D
HAIDA, ELFRIEDE
24885 TROST BLVD
BONTIA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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03/04/04-80008-010 150.00

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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: *R. Frochauer for Elfriede Haida*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-04
Date

239-947439
Daytime Phone #