## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED ---Apr 16, 2005 08:00 AM Secretary of State

PRICE PLANS THE STATE OF THE ST	1. Entity Name EPH ENT	ERPRISES, INC.			Secretary of Stat	
DO NOT WRITE IN THIS SPACE  4. FEI Number 04-3675467	24885 TROS	T BLVD 2	4885 TROST BLVD			
FROSCHAUER, ROSA M 24872 TROST BLVD BONTIA SPRINGS, FL 34135  a. 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  FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  TILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  TRUST FOR THE FORM THE FOR					02162005         No Chg-P         CR2E034 (10/03)           4. FEI Number         Applied For Not Applicable           04-3675467         Not Applicable           5. Certificate of Status Desired         TI         \$8.75 Additional	
24872 TROST BLVD BONTIA SPRINGS, FL 34135  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 Florids. I am familiar with, and accept new obligations of registered agent.  SIGNATURE    Signature	<u> </u>	6. Name and Address of Current Regis	tered Agent			
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Atter May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.    Added to Fees   HONDEDSTRIATED	SIGNATURE_		1 applicable (NOTE Registers	ed Agent signature required	ad when reinstating) DATE	
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12. I hereby certify that the Information supplied with this filling 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 attention that my name appears in Block 10 or Block 11 if the changed or on an attention that my name appears in Block 10 or Block 11 if the changed or on an attention that my name appears in Block 10 or Block 11 if the changed or on an attention that my name appears in Block 10 or Block 11 if the changed or on an attention that my name appears in Block 10 or Block 11 if the changed or on an attention to the change of the ch						
SIGNATURE: 2. Froschau V SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date Described Phone #						