

2005 FOR PROFIT CORPORATION ANNUAL REPORT

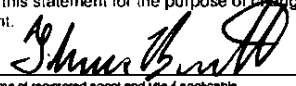
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Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90229 023 ***150.00

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04242005 Chg-P CR2E034 (10/03)

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|---|---|---|---|--|--|
| DOCUMENT # P01000020761 | | | |  | |
| 1. Entity Name EPIC HOME SERVICES, INC. | | | | | |
| Principal Place of Business 3224 ARDEN VILLAS BLVD 23 ORLANDO, FL 32817 | | | Mailing Address 3224 ARDEN VILLAS BLVD 23 ORLANDO, FL 32817 | | |
| 2. Principal Place of Business 13060 COGHILL WAY Suite, Apt. #, etc. | | | 3. Mailing Address 13060 COGHILL WAY Suite, Apt. #, etc. | | |
| City & State ORLANDO, FL | | City & State ORLANDO, FL | | 4. FEI Number 59-3701184 | |
| Zip 32828 | Country ORANGE | Zip 32828 | Country ORANGE | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BENNETT, THOMAS W 3224 ARDEN VILLAS BLVD 23 ORLANDO, FL 32817 | | | 7. Name and Address of New Registered Agent Name THOMAS BENNETT Street Address (P.O. Box Number is Not Acceptable) 13060 COGHILL WAY City ORLANDO, FL Zip Code 32828 | | |
| 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  THOMAS BENNETT - PRESIDENT DATE 4/25/05 (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P BENNETT, THOMAS W 3224 ARDEN VILLAS BLVD ORLANDO, FL 32817 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 13060 COGHILL WAY ORLANDO, FL 32828 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V BROOKS, MICHAEL E 3224 ARDEN VILLAS BLVD ORLANDO, FL 32817 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 13060 COGHILL WAY ORLANDO, FL 32828 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S BROOKS, SEAN 3224 ARDEN VILLAS BLVD ORLANDO, FL 32817 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 13060 COGHILL WAY ORLANDO, FL 32828 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS BENNETT
PRESIDENT

Date

4/25/05

Daytime Phone #

407-415-3588