

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90037 029 ***150.00

DOCUMENT # P01000070414

1. Entity Name
EPOXY, INC.



Principal Place of Business
**4855 DISTRIBUTION CT
STE 07
ORLANDO, FL 32822**

Mailing Address
**4855 DISTRIBUTION CT
STE 07
ORLANDO, FL 32822**

40009430



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3733549

Applied For
☐ Not Applicable

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**JAKUES, JEFFREY K
100 SUGAR MAPLE CT
SANFORD, FL 32773**

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 required to print names of registered agent and office (if applicable).

(NOTE: Registered Agent signature required when consisting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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-STATE-ZIP
**PRES
JAKUES, JEFF
100 SUGAR MAPLE CT
SANFORD, FL 32773** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VP
DUCKWORTH, RAYMOND
119 BURRISDRIDGE DR
LAKELAND, FL 33809** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**S
JAKUES, JEFF
100 SUGAR MAPLE CT
SANFORD, FL 32773** ☐ Delete

TITLE
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CITY-STATE-ZIP
☐ Change ☐ Addition

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DUCKWORTH, RAYMOND
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LAKELAND, FL 33809** ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jeffrey K. Jakues*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

1/21/08 321-235-6606