## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

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## Apr 13, 2006 8:00 am Secretary of State DOCUMENT # P02000004071 1. Entity Name 04-13-2006 90303 028 \*\*\*150.00 EPS PLANNING & LOGISTICS, INC. Principal Place of Business Mailing Address 2102 DOEFIELD CT VALRICO FL 33594 2102 DOEFIELD CT VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address 13313 AMBER SKYPL 13313 AMBER SKY Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) <del>ATME</del> City & State City & State Applied For 02-0599465 RIVERVIEW FL RIVERVIEW Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA 33569 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAN DER MERWE, IZAK VAN DER MERWE, IZAK J Street Address (P.O. Box Number is Not Acceptable) 13313 AMBER SKY 2102 DOEFIELD CT AMBER VALRICO FL 33594 RIVERVIEW 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 (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ŒO TITLE CEO TITLE ☐ Defete Change ☐ Addition VAN DER MERWE, IZAK J NAME VAN DER MERWE, IZAK J NAME STREET ADDRESS 2102 DOEFIELD CT STREET ADDRESS 13313 AMBER SKY PL CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP RIVERVIEW FL 33569 Delete TITLE TREASURER Change Addition VAN DER MERWE DEBRA NAME NAME 13313 AMBER SKY PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP RIVERVIEW TITLE Defete BUE ☐ Change Addition NAME NAME STREET ADDRESS STREE! ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP City-St-Zip TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

I.J. VAN DER MERWE

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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