

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

RECEIVED  
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EPOCHAL RECORDS of State

DOCUMENT # P02000028183

1. Entity Name

EPI-PALM BEACH EQUITY, INC.



Principal Place of Business  
359 CAROLINA AVENUE  
WINTER PARK FL 32789

Mailing Address  
359 CAROLINA AVENUE  
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 02-0567658

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOWNING, GRANT T  
222 WEST COMSTOCK AVENUE  
SUITE 101  
WINTER PARK FL 32789

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 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
D PUGH, JAMES H JR.  
STREET ADDRESS 359 CAROLINA AVENUE  
CITY- ST- ZIP WINTER PARK FL 32789

TITLE NAME ☐ Delete  
D RIVA, KYLE D  
STREET ADDRESS 359 CAROLINA AVENUE  
CITY- ST- ZIP WINTER PARK FL 32789

TITLE NAME ☐ Delete  
D JACOBY, GREG  
STREET ADDRESS 359 CAROLINA AVENUE  
CITY- ST- ZIP WINTER PARK FL 32789

TITLE NAME ☐ Delete  
  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

1/22/04