

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary 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**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

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

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

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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 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, 2007 Fee will be \$550.00**

8. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PUGH, JAMES H JR.
STREET ADDRESS	359 CAROLINA AVENUE
CITY- ST- ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	RIVA, KYLE D
STREET ADDRESS	359 CAROLINA AVENUE
CITY- ST- ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	JACOBY, GREG
STREET ADDRESS	359 CAROLINA AVENUE
CITY- ST- ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000613248
02/05/07-80030-025 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07
Date

Daytime Phone #