


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90116 007 \*\*\*150.00

<b>DOCUMENT # P02000071671</b>	
1. Entity Name <b>EPITOME SERVICES, INC.</b>	

Principal Place of Business <b>1180 SW 109TH LANE DAVIE, FL 33324</b>	Mailing Address <b>1180 SW 109TH LANE DAVIE, FL 33324</b>
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**50016394**

2. Principal Place of Business <b>1232 S. CENTRAL AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>1232 S. CENTRAL AVE</b> Suite, Apt. #, etc.
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03062006 Chg-P CR2E034 (11/05)

City & State <b>FLAGLER BEACH, FL</b>	City & State <b>FLAGLER BEACH, FL</b>	4. FEI Number <b>03-0473283</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32136</b>	Country <b>LISA</b>	Zip <b>32136</b>	Country <b>LISA</b>

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

6. Name and Address of Current Registered Agent <b>GRONERT, ROGER 1180 SW 109TH LANE DAVIE, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1232 S. CENTRAL AVE</b> City <b>FLAGLER BEACH, FL</b> Zip Code <b>32136</b>	
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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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRONERT, ROGER <del>1180 SW 109TH LANE</del> <del>DAVIE, FL 33324</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRONERT, SUSAN <del>1180 SW 109TH LANE</del> <del>DAVIE, FL 33324</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1232 S. CENTRAL AVE FLAGLER BEACH, FL 32136</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1232 S. CENTRAL AVE FLAGLER BEACH, FL 32136</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Roger Gronert* **ROGER GRONERT** 4/19/06 386-693-3018  
Date Daytime Phone #