

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000075876**

1. Entity Name  
E-POD, INCORPORATED



Principal Place of Business  
841 NICOLET AVE.  
SUITE 3  
WINTER PARK, FL 32789

Mailing Address  
841 NICOLET AVE  
SUITE 3  
WINTER PARK, FL 32789

**DO NOT WRITE IN THIS SPACE**



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number  
71-0910224

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BARTLETT, VIRGINIA S  
4823 BERRYWOOD DR.  
ORLANDO, FL 32812

**DO NOT WRITE  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME BARTLETT, VIRGINIA  
STREET ADDRESS 4823 BERRYWOOD DR  
CITY-ST-ZIP ORLANDO, FL 32812

TITLE VP  
NAME MCKENZIE, SUZANNE  
STREET ADDRESS 583 RIDGEWOOD DR  
CITY-ST-ZIP WINDERMERE, FL 34786

TITLE T  
NAME MCKENZIE, JAMES  
STREET ADDRESS 533 RIDGEWOOD DR  
CITY-ST-ZIP WINDERMERE, FL 34786

TITLE S  
NAME BARTLETT, TOM  
STREET ADDRESS 4823 BERRYWOOD DR  
CITY-ST-ZIP ORLANDO, FL 32812

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000353519  
05/03/05-80069-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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.

*Virginia S. Bartlett* Pres.

4/28/04

Date

407-923-9960

Daytime Phone #