

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000075876 1. Entity Name E-POD, INCORPORATED	
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Principal Place of Business 841 NICOLET AVE. SUITE 3 WINTER PARK, FL 32789	Mailing Address 841 NICOLET AVE SUITE 3 WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE

04252008 No Chg-P CR2E034 (11/05)

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, THOMAS N
841 NICOLET AVE.
SUITE 3
WINTER PARK, FL 32789**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000932882 05/22/08-80072-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARTLETT, VIRGINA 899 MOONLUSTER DR CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKENZIE, SUZANNE 583 RIDGEWOOD DR WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKENZIE, JAMES 533 RIDGEWOOD DR WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARTLETT, TOM 899 MOONLUSTER DR CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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
Date _____ Daytime Phone # _____