


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90317 035 ***150.00

DOCUMENT # P02000080040 1. Entity Name EPIC MAINTENANCE, INC.					
Principal Place of Business 1996 AERO CIR NEW SMYRNA BEACH, FL 32168			Mailing Address 1996 AERO CIR NEW SMYRNA BEACH, FL 32168		
2. Principal Place of Business 2022 AERO CIRCLE Suite, Apt. #, etc.		3. Mailing Address 2022 AERO CIRCLE Suite, Apt. #, etc.			
City & State NEW SMYRNA BEACH, FL Zip Country 32168 U.S.		City & State NEW SMYRNA BEACH, FL Zip Country 32168 U.S.		4. FEI Number 11-3671286 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				03092005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent BAILEY & TRUMBO, P.A. 340 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169			7. Name and Address of New Registered Agent Name LISA HINCKLEY Street Address (P.O. Box Number is Not Acceptable) 2022 AERO CIRCLE City NEW SMYRNA BEACH FL Zip Code 32168		
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: <u><i>[Signature]</i></u> LISA HINCKLEY 03/09/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERNA, DANIEL A <input type="checkbox"/> Delete 600 SKYLINE DRIVE NEW SMYRNA BEACH, FL 32168		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PERNA, DANIEL A. 2022 AERO CIRCLE NEW SMYRNA BEACH, FL 32168	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HINCKLEY, LISA 2022 AERO CIRCLE NEW SMYRNA BEACH, FL 32168	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 exemption stated in Section 119.07(3)(i), 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: <u><i>[Signature]</i></u> LISA HINCKLEY 03/09/2005 832-724-8792 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					