

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90151 002 ***150.00

DOCUMENT # P02000116483

1. Entity Name
EPIPHANY 525, INC.



14019899

Principal Place of Business
**104 BANTRY DRIVE
LAKE MARY, FL 32746 US**

Mailing Address
**104 BANTRY DRIVE
LAKE MARY, FL 32746 US**

2. Principal Place of Business
3655 S. Orlando Dr.

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192004 Chg-P CR2E034 (10/03)

City & State
Sanford, FL

City & State

4. FEI Number
16-1640612

Applied For
Not Applicable

Zip
32773

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**VANCE, CURTIS
104 BANTRY DRIVE
LAKE MARY, FL 32746**

7. Name and Address of New Registered Agent

Name **Josephine Angela Bracamontes**

Street Address (P.O. Box Number is Not Acceptable)
3655 S. Orlando Dr

City **Sanford**

FL

Zip Code
32773

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

Josephine Bracamontes

4/29/04

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, 2004 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 **CURTIS, VANCE** ☒ Delete
STREET ADDRESS **104 BANTRY DRIVE**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
NAME **Josephine Angela Bracamontes**
STREET ADDRESS **3655 S. Orlando Dr**
CITY-ST-ZIP **Sanford, FL 32773**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Josephine Bracamontes

JOSEPHINE BRACAMONTES

4/29/04

321-231-3591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #