

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90011 001 ***300.00

DOCUMENT # P02000123579

1. Entity Name
EPOC, INC.



Principal Place of Business
101 PLANTATION DRIVE
PONTE VEDRA BEACH, FL 32082

Mailing Address
101 PLANTATION DRIVE
PONTE VEDRA BEACH, FL 32082

66000196



01112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business <i>11555 CENTRAL PARKWAY</i> Suite, Apt. #, etc. <i>STE 1104</i>		3. Mailing Address <i>PO BOX 3153</i> Suite, Apt. #, etc.	
City & State <i>Jacksonville, FL</i>		City & State <i>PONTE VEDRA BEACH, FL</i>	
Zip <i>32224</i>	Country <i>US</i>	Zip <i>32004</i>	Country <i>US</i>

4. FEI Number
13-4247232

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent HALL, PIKE III 101 PLANTATION DRIVE ATLANTIC BEACH, FL 32082		7. Name and Address of New Registered Agent Name <i>HALL, AKE</i> Street Address (P.O. Box Number is Not Acceptable) <i>138 MURKFIELD DR</i> <i>PONTE VEDRA BEACH</i> City <i>FL</i> Zip Code <i>32082</i>	
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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]

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/05

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, PIKE III 101 PLANTATION DRIVE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D. PRES</i> <i>HALL, PIKE</i> <i>138 MURKFIELD DR</i> <i>PONTE VEDRA BEACH, FL 32082</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNOR, MARK 101 PLANTATION DRIVE PONTE VEDRA BEACH, FL 32082 <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	D BREITBART, JERRE G 101 PLANTATION DRIVE PONTE VEDRA BEACH, FL 32082 <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
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] JERRE BREITBART

DATE

1/11/05

DAYTIME PHONE #

904 380 9901