

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90199 007 \*\*\*150.00

**DOCUMENT # P03000031033**

1. Entity Name  
**ELECTRIC PICTURE DISPLAY SYSTEMS, INC.**



Principal Place of Business  
**5131 INDUSTRY DRIVE  
SUITE 107  
MELBOURNE, FL 32940**

Mailing Address  
**5131 INDUSTRY DRIVE  
SUITE 107  
MELBOURNE, FL 32940**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**86-1054578**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BURKE, MATTHEW T CPA  
503 N ORLANDO AVE STE 106  
COCOA BEACH, FL 32931**

7. Name and Address of New Registered Agent

Name **MATTHEW T. BURKE CPA**

Street Address (P.O. Box Number is Not Acceptable)  
**Cape Royal Office Building**

**Suite 707**

City

**1980 N. Atlantic Avenue FL**

Zip Code

**Cocoa Beach, FL 32931-3275**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida, and accept the obligations of registered agent.

SIGNATURE

*Matthew T. Burke CPA*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/21/08*

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME HIGGINS, R. P  
STREET ADDRESS 100 RUBY STREET  
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE VPTD ☐ Delete  
NAME HIGGINS, PAMELA M  
STREET ADDRESS 100 RUBY STREET  
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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CITY-ST-ZIP

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

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

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:

*R.P. Higgins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/08 321-778484*

Date

Daytime Phone #