

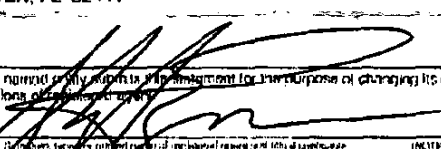
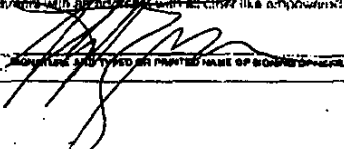
FROM : LINDA'S BOOKKEEPING & TAX

FAX NO. : 256 249 9180

FILED
May 25, 2004 8:00 am
Secretary of State

05-03-2004 91057 005 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000060887			
1. Entity Name EPPERSON INSTALLATION SERVICES INC.			
Principal Place of Business 601 CARRIE LANE LYNN HAVEN, FL 32444		Mailing Address 601 CARRIE LANE LYNN HAVEN, FL 32444	
2. Principal Place of Business 409 EAST 11 ST. Suite, Apt. #, etc.		3. Mailing Address 409 EAST 11 ST. Suite, Apt. #, etc.	
City & State LYNN HAVEN, FL Zip 32444 Country USA		City & State LYNN HAVEN, FL Zip 32444 Country USA	
4. FTA Number 58-2673966		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EPPERSON, STEPHAN 601 CARRIE LANE LYNN HAVEN, FL 32444		7. Name and Address of New Registered Agent Name EPPERSON, STEPHAN Street Address (P.O. Box Number is Not Applicable) 409 EAST 11 ST. City LYNN HAVEN FL Zip Code 32444	
8. The above named entity agrees to the assignment 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 the agent named above. SIGNATURE:  DATE: 4-30-04			
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 Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD EPPERSON, STEPHAN 601 CARRIE LANE LYNN HAVEN, FL 32444 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD EPPERSON, STEPHAN 409 EAST 11 ST. LYNN HAVEN, FL 32444 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP FOX, RAYMOND 400 FAIRLAND AVE. PANAMA CITY, FL 32401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not disqualify 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 recorder of public documents; and that my name appears in Block 10 or Block 11 if changed, or on an addendum with an addendum with a reference to the block like so: addendum.			
SIGNATURE: 		5-23-04	

00469100



04302004 Chg-P CR2E034 (10/03)