FROM :LINDAs 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 # P03000060687

1. Entity Name
EPPERSON INSTALLATION SERVICES INC.

00444100

Principal Place of Business	Mailing Address
601 CARRIE LANE LYNN HAVEN, FL 32444	601 CARRIE LANE LYNN HAVEN, FL 32444

04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
409 EAST 11 ST.	409 EAST 11 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LYNN HAVEN, FL	City & State: LYNN HAVEN, FL
Zip: 32444 Country: USA	Zip: 32444 Country: USA

4. FEI 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 Acceptable): 409 EAST 11 ST.
City: LYNN HAVEN FL Zip Code: 32444

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] 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 Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EPPERSON, STEPHAN 601 CARRIE LANE LYNN HAVEN, FL 32444	☐ Delete	PD EPPERSON STEPHAN 409 EAST 11 ST. LYNN HAVEN, FL 32444	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FOX, RAYMOND 409 FAIRLAND AVE. PANAMA CITY, FL 32401	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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] 5-23-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #