## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2005 8:00 am Secretary of State

ANNOAE KEI OKI					1 04 00 0005 00150 042 ***150 00			
DOCUMENT # P04000017852  1. Entity Name EP PROPERTY MANAGEMENT, INC.					04-28-2005 90150 043 ***150.00			
Principal Place of Business 5133 RIO VISTA AVENUE TAMPA, FL 33614		Mailing Address 5133 RIO VISTA AVENUE TAMPA, FL 33614			14007008			
2. Principal P	lace of Business	3. Mailing Address	HOW AKI	A 1.				
/3/3 Suite, Apt.		Suite, Apt. #, etc.	1000 11 rece	100	01132005	Chg-P	CR2E034 (10/03)	
City & Stat	MPA MONICA	City & State TAMPA F	7		4. FEI Number 20	-063948	72 N	oplied For ot Applicable
330		Zip 33607	Country			of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Curren	Hegistered Agent	<del>-  </del>		7. Name and	Address of New R	egistered Agent	
HARRISON, MICHAEL Street Address (					P.O. Box Number is Not Acceptable)			
TAMPA, F	L 33614		<b>\$20</b>	13	13 N.	Howare	I AVE	
	••		City	7242	UNA F	=/	FL Zip Cod	33607
8. The above	named entity submits this statement	or the purpose of changing its re	egistered office or	register	ed agent, or bo	th, in the State of Flo	orida. I am familiar with	and accept
SIGNATURE A Negrey way will all the state of								
SIGNATURE.	Signature, Noer or printed name of registerestages	s and little if applicable (NOTE	Registered Agent signati	ure required	when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campaig Trust Fund Contri		<b>\$5.</b> Add	.00 May Be ed to Fees		=	
10.	· OFFICERS ANI	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	IS IN 11
TITLE	P HARRISON, MICHAEL J	Delete	TITLE NAME	7	ir Hey.	HH 6	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	5006 PICKETT COURT TAMPA, FL 33624		STREET ADDRESS CITY-ST-ZIP	50	3 Brewi	HHG. Wasell F1 335	<del>-</del> , ,	
TITLE	VP	☐ Delete	TITLE	12	in on	<u>(~1 22)</u>	Change	☐ Addition
NAME STREET ADDRESS	HARRISON, THOMAS A		NAME				-	_
STREET ADDRESS CITY-ST-ZIP	6815 S TRASK STREET TAMPA, FL 33616		STREET ADDRESS CITY-ST-ZIP					
THE	TR	☐ Celete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	WINCHELL, HAL G 503 BRENTWOOD PLACE		NAME Street Address					
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP					
TITLE NAME	SE BACKHAUS, STEPHEN J	☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS	2818 TIMBERWAY PLACE		name Street address					
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				Change	☐ Addition
NAME STREET ADDRESS			NAME Street address					
CITY-ST-ZIP			CITY-ST-ZIP					

12. Thereby 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 supplier ental 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 true 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 attachmen with a faddress, with all other like empowered.

SIGNATURE: #

SIGNATURE AND PIPED OF FRINCED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 813.884.3318