

# 2007 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90018 003 \*\*\*150.00

DOCUMENT # P04000022081--

1. Entity Name

JASON DAVID EPP, INC.



Principal Place of Business

7512 MUSKET ROW  
BAYONET POINT FL 34667

Mailing Address

7512 MUSKET ROW  
BAYONET POINT FL 34667



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

10549 Sky Flower Court

3. Mailing Address

10549 Sky Flower Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Land O Lakes, FL

City & State

Land O Lakes, FL

4. FEI Number 65-1217000

Applied For

Not Applicable

Zip

34638

Country

USA

Zip

34638

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EPP, JASON DAVID  
7512 MUSKET ROW  
BAYONET POINT FL 34667

7. Name and Address of New Registered Agent

Name Jason David EPP

Street Address (P.O. Box Number is Not Acceptable)

10549 Sky Flower Court

City Land O Lakes

FL

Zip Code 34638

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

(NOTE: Registered Agent signature required when reinstating)

DATE

EPP Jason EPP, President 2/21/2007

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V ☐ Delete  
NAME EPP, GLORIA INES  
STREET ADDRESS 7512 MUSKET ROW  
CITY-ST-ZIP BAYONET POINT FL 34667

TITLE PTS ☐ Delete  
NAME EPP, JASON D  
STREET ADDRESS 1512 MUSKET ROW  
CITY-ST-ZIP BAYONET POINT FL 34667

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 V ☐ Change ☐ Addition  
NAME EPP, Gloria Ines  
STREET ADDRESS 10549 Sky Flower Court  
CITY-ST-ZIP Land O Lakes, FL 34638

TITLE PTS ☐ Change ☐ Addition  
NAME EPP, Jason D.  
STREET ADDRESS 10549 Sky Flower Court  
CITY-ST-ZIP Land O Lakes, FL 34638

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

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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EPP Jason EPP, President 2/21/2007 727-243-7610

Date

Daytime Phone #