

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067489

FILED  
Apr 19, 2005  
Secretary of State

**Entity Name:** EPIPHANY WEB DESIGN STUDIO, INC.

**Current Principal Place of Business:**

3855 13TH AVENUE SW  
NAPLES, FL 34117

**New Principal Place of Business:**

**Current Mailing Address:**

3855 13TH AVENUE SW  
NAPLES, FL 34117

**New Mailing Address:**

FEI Number: 20-1042364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARTER SMITH, LAURIE  
3855 13TH AVENUE SW  
NAPLES, FL 34117 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Change (X) Addition  
Name: CARTER SMITH, LAURIE  
Address: 3855 13TH AVENUE SW  
City-St-Zip: NAPLES, FL 34117 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE CARTER SMITH

PTSD

04/19/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date