

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90009 049 \*\*\*150.00

<b>DOCUMENT # P05000068886</b>					
<b>1. Entity Name</b> EP MANAGEMENT, INC.					
<b>Principal Place of Business</b> 129 GARDEN AVENUE NORTH CLEARWATER, FL 33755 US			<b>Mailing Address</b> 129 GARDEN AVENUE NORTH CLEARWATER, FL 33755 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-2819189	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  TURNBULL, PAUL 129 GARDEN AVENUE NORTH CLEARWATER, FL 33755			<b>7. Name and Address of New Registered Agent</b> Name Miller, James B. Street Address (P.O. Box Number is Not Acceptable) 129 Garden Avenue North City Clearwater FL Zip Code 33755		
<b>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.</b> SIGNATURE <i>X James B. Miller</i> DATE <i>2-21-07</i> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D, P <b>NAME</b> TURNBULL, PAUL <b>STREET ADDRESS</b> 129 GARDEN AVENUE NORTH <b>CITY-ST-ZIP</b> CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D, S <b>NAME</b> MILLER, JAMES B <b>STREET ADDRESS</b> 129 GARDEN AVENUE NORTH <b>CITY-ST-ZIP</b> CLEARWATER, FL 33755	<input type="checkbox"/> Delete		<b>TITLE</b> P/S/T <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D,VP <b>NAME</b> JARRETT, JERE <b>STREET ADDRESS</b> 129 GARDEN AVENUE NORTH <b>CITY-ST-ZIP</b> CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>					
<b>SIGNATURE:</b> <i>X James B. Miller</i>			James B. Miller, Pres. <i>2-21-07</i> <i>727-535-5332</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # P05000068886

1. Entity Name  
EP MANAGEMENT, INC.



Principal Place of Business  
129 GARDEN AVENUE NORTH  
CLEARWATER, FL 33755 US

Mailing Address  
129 GARDEN AVENUE NORTH  
CLEARWATER, FL 33755 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-2819189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURNBULL, PAUL  
129 GARDEN AVENUE NORTH  
CLEARWATER, FL 33755

Name  
Miller, James B.

Street Address (P.O. Box Number is Not Acceptable)  
129 Garden Avenue North

City  
Clearwater

FL

Zip Code  
33755

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

*James B. Miller*

(NOTE: Registered Agent signature required when reinstating)

2-21-07

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P TURNBULL, PAUL 129 GARDEN AVENUE NORTH CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S MILLER, JAMES B 129 GARDEN AVENUE NORTH CLEARWATER, FL 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP JARRETT, JERE 129 GARDEN AVENUE NORTH CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

*James B. Miller*

James B. Miller, Pres.

2-21-07

727-535-5352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40026576

#P05000068886

1033

63-215/631

EP MANAGEMENT INC 05/2005  
129 N GARDEN AVE  
CLEARWATER, FL 33755-4119

DATE 2-21-07

\$ 150.00

PAY TO THE ORDER OF Florida Department of State  
one hundred & fifty dollars 150.00 DOLLARS



SUNTRUST

ACH RT 061000104

FOR 2007 Annual Report

J. B. Miller

MP