2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 🗡

Secretary of State DOCUMENT # P05000068886 03-01-2007 90009 049 ***150.00 1. Entity Name EP MANAGEMENT, INC. Principal Place of Business Mailing Address **4UU™**∪~. 129 GARDEN AVENUE NORTH 129 GARDEN AVENUE NORTH CLEARWATER, FL 33755 US CLEARWATER, FL 33755 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-2819189 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Miller, James <u>B.</u> TURNBULL, PAUL Street Address (P.O. Box Number is Not Acceptable) 129 GARDEN AVENUE NORTH CLEARWATER, FL 33755 Zip Code 33755 Clearwater 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. (NOTE Registered Agent stansture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D. P TITLE **EX**Delete TITLE Change ☐ Addition TURNBULL, PAUL NAME NAME STREET ADDRESS 129 GARDEN AVENUE NORTH STREET ADDRESS CLEARWATER, FL 33755 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE P/S/T ☐ Change XAddition TITLE NAME MILLER, JAMES B NAME 129 GARDEN AVENUE NORTH STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33755 CITY-ST-ZIP CITY-ST-ZIP XXDelete D,VP TITLE TITLE ☐ Change ☐ Addition NAME JARRETT, JERE NAME 129 GARDEN AVENUE NORTH STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33755 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

James B. Miller, Pres.

NUMBER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 01, 2007 8:00 am

2007 FOR PROFIT CORPORATION ANNUAL REPORT

| 1. Entity Na | | T # P050000 NT, INC. | 6888 | 16 | | | | | ATTA | CHN | IENT | |
|--|---|---|---------------------------|---|----------------------------------|---------------------|-------------------------|---------------------------------------|---|----------------------------|--------------------------|------------------------------|
| 129 GARDE | ace of Busines EN AVENUE N ER, FL 3375 | NORTH | • | Mailing Address 129 GARDEN AVENUE CLEARWATER, FL 33 | | is | Prince. | , , , | >5 O / | ارم ن | / | |
| 2. Principal f | Place of Busi | iness - No P.O. Box # | 3. | Mailing Address | | | | 41 | 026 | 5/4 | P | - |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 02202007 | Chg-P | CR2 | E034 (12/06) | ı |
| City & Sta | ite | | | City & State | | 4. | | 4. FEI Numb | | | | pplied For lot Applicable |
| Zip | | Country e and Address of Curr | | Zip | Coun | try | | | e of Status Desired | | \$8.75 Ad Fee Require | |
| CLEARW | LL, PAUL DEN AVEN ATER, FL | NUE NORTH 33755 | | | | Street A 129 City | ddress (f Gard | James B. P.O. Box Numb en Avent | per is Not Acceptat 16 North | ble) | Zip Coo | 755 |
| signature | Signature by | or printed name of registered a | agent and title | illa | DTE: Registered aign Finan | ed office of | ture required | ed agent, or bo | | Florida, I a | ım familiar with, | , and accept |
| After M. | ay 1, 200 | 7 Fee will be \$55 | | | 11. | | Adde | ad to Fees ADDITIONS | /CHANGES TO OF | FFICERS A | NO DIRECTOR | IS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1 | | | K XDelete | TITLE NAME STREE | | | | 01441422 | 1104.00. | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CLEARW | JAMES B DEN AVENUE NORT ATER, FL 33755 | ГН | ☐ Delete | | i | P/S/ | /T | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | l . | T, JERE DEN AVENUE NORT ATER, FL 33755 | ГН | KX Delicte | | | | | | | ☐ Change | Addition . |
| TITLE NAME: STREET ADDRESS CITY-ST-ZIP | | 101 2-11-1 | | ☐ Delete | | | | | | | Change | ☐ Addition |
| TITLE NAME Street adoress City-St-Zip | | | | ☐ Delete | TITLE NAME STREET | ET ADDRESS | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | CITY-S | T ADDRESS ST-ZIP | <u> </u> | | | | ☐ Change | ☐ Addition |
| of the corp changed, | on this report poration or the or on an attai | e information supplied w t or supplemental repor le receiver or trustee en achment with an addres: | rt is true ai npowered | and accurate and that r | my signatu t as require l. | ed by Cha | ave the sa pter 607, | ame legal effec Florida Statute | t as if made under es; and that my nar | r oath; that me appears | I am an officer | or director 1 |
| SIGNAT | URE: _^ | SIGNATURE AND TYPED (| IR PRINTED | NAME OF SIGNING OFFICER | James OR DIRECTO | es B. | _Mill | ler, Pre | s. 22/ | -01 | 727-5 Daytime Phone # | <u> 33-5352</u> |

ATTACHMENT 40026576 41. P050000 688860

| 1033 | S. OO security | \$ |
|--|-----------------------------------|------------------|
| | 22127 \$ /50.00 DOLIARS | |
| | DATE Z | B. U |
| | 400 | |
| | A SEAL | |
| 5005 | staring - | |
| EP MANAGEMENT INC 05/2005 128 N GARDEN AVE CLEARWATER, PL 33755-4119 | ide Bu | ACH RT 081000104 |
| EP MANAGE | or Shirt | WENT HAD |
| EP MAN 129 N GARDE CLEARWATEI | PAY TO THE ORDEH OF | SUNTRUST |