2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000146727

1. Entity Name

E.P. PRODUCTIONS, INC.



Principal Place of Business

726 NE FIRST ST GAINESVILLE, FL 32601 Mailing Address

726 NE FIRST ST GAINESVILLE, FL 32601

FILED Mar 29, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

 01302007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

 20-3827951
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSH, ROBERT A 726 NE FIRST ST GAINESVILLE, FL 32601

DO NOT WRITE IN THIS SPACE

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 fille if applicable (NOTE: Registered in NOTE: Registered i				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Finan - Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DP RUSH, ROBERT A 726 NE FIRST ST GAINESVILLE, FL 32601				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000681873 04/04/07-80063-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS: CITY-ST-ZIP				IN '	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE		· · · · · · · · · · · · · · · · · · ·			•
NAME STREET ADDRESS CITY-ST-ZIP			, ,	to the second second	
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					

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. Flurther 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 value and address. The provided in the provided by Chapter 607 is found a statutes; and that my name appears in Block 10 or Block 11 if the provided by Chapter 607 is found.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07 352-373-756

Daytime Phone #