

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000114047

Entity Name: EPSEC CORPORATION

**FILED**  
**Apr 06, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1599.5 ENTERPRISE-OSTEEN RD  
ENTERPRISE, FL 32725

**New Principal Place of Business:**

189 JAMAICA LANE  
ORLANDO, FL 32809

**Current Mailing Address:**

PO BOX 953813  
LAKE MARY, FL 32795

**New Mailing Address:**

189 JAMAICA LANE  
ORLANDO, FL 32809

FEI Number: 20-8787585

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CALO, DEBORAH L  
437 COUNTRY WOOD CIRCLE  
LAKE MARY, FL 32746 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CALO, DEBORAH L  
Address: 437 COUNTRY WOOD, CIR  
City-St-Zip: LAKE MARY, FL 32746

Title: VP ( ) Delete  
Name: ROJAS, JESUS  
Address: 512 ELLIS AVE  
City-St-Zip: RED OAK, TX 75154

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

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

Title: P,S (X) Change ( ) Addition  
Name: CALO, DEBORAH L  
Address: 437 COUNTRY WOOD, CIR  
City-St-Zip: LAKE MARY, FL 32746

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Change (X) Addition  
Name: SEAVER, MARK B  
Address: 200 ELIZABETH LANE  
City-St-Zip: OSTEEN, FL 32764

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DEBORAH CALO

P

04/06/2007

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

\_\_\_\_\_  
Date