

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000114047

Entity Name: EPSEC CORPORATION

FILED  
Jul 30, 2008  
Secretary of State

## Current Principal Place of Business:

437 COUNTRY WOOD CIRCLE  
LAKE MARY, FL 32746

## New Principal Place of Business:

## Current Mailing Address:

437 COUNTRY WOOD CIRCLE  
LAKE MARY, FL 32746

## New Mailing Address:

FEI Number: 20-8787585

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

Title: VP ( ) Delete  
Name: DODD, WILLIAM L  
Address: 5945 NORTH TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: S,T ( ) Delete  
Name: CALO, DEBORAH  
Address: 437 COUNTRY WOOD CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

S,T

07/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date