


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 06, 2007 8:00 am**  
**Secretary of State**

09-06-2007 90009 013 \*\*\*150.00

**DOCUMENT # P06000156680**

1. Entity Name  
**EPIC EDEN, INC.**




Principal Place of Business      Mailing Address  
**5135 CLOVER MIST DRIVE**      **5135 CLOVER MIST DRIVE**  
**APOLLO BEACH, FL 33572 US**      **APOLLO BEACH, FL 33572 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



07042007      Chg-P      CR2E034 (12/06)

4. FEI Number **71-1018493**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RODRIGUEZ, HENRY ESQ.**  
**9100 S. DADELAND BLVD.**  
**1500**  
**MIAMI, FL 33156**

**7. Name and Address of New Registered Agent**

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)  
 \_\_\_\_\_

City: \_\_\_\_\_      **FL**      Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!! FEE IS \$150.00 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	PIGG, WILLIAM	
STREET ADDRESS	5135 CLOVER MIST DRIVE	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	P	<input type="checkbox"/> Delete
NAME	PIGG, WILLIAM	
STREET ADDRESS	5135 CLOVER MIST DRIVE	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ABENDSCHEIN, MICHAEL	
STREET ADDRESS	1413 CRYSTAL COURT	
CITY-ST-ZIP	TAVARES, FL 33278	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **William Pigg**      7/16/07      941-323-3303