2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 03, 2005 08:00 AM DOCUMENT # P94000001216 **Secretary of State** 1. Entity Name EPP ENTERPRISES, INC. Mailing Address Principal Place of Business 1600 NE DIXIE HWY 1600 NE DIXIE HWY 3-203 JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEi Number Applied For 65-0456813 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EPP, ROBERT W Street Address (P.O. Box Number is Not Acceptable) 1600 NE DIXIE HWY 3-203 JENSEN BEACH FL 34957 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE ☐ Delete U00000249892 03/03/05-80023-001 150.00 EPP, ROBERT W NAME STREET ADDRESS STREET ADDRESS 1600 N.E. DIXIE HWY, 3-203 JENSEN BEACH FL 34957 CHY-ST-7P CITY-ST-ZIP ☐ Addition HILE Delete THE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSSY-ST-ZIP Addition THLE Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP Delete To Tal F □ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**FILED**