

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000075965

1. Entity Name
EPI-GREENVILLE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 28 AM 9:00

Principal Place of Business
359 CAROLINA AVENUE
WINTER PARK, FL 32789

Mailing Address
359 CAROLINA AVENUE
WINTER PARK, FL 32789



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03142006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3403610

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DOWNING, GRANT T
GODBOLD, DOWNING, PA
222 WEST COMSTOCK AVE, S #101
WINTER PARK, FL 32789

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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PUGH, JAMES H JR			NAME			
STREET ADDRESS	359 CAROLINA AVENUE			STREET ADDRESS			
CITY - ST - ZIP	WINTER PARK, FL 32789			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SELBY, C T			NAME	500067792145		
STREET ADDRESS	250 INTERNATIONAL PARKWAY #226			STREET ADDRESS	03/14/06--01067--002		
CITY - ST - ZIP	HEATHROW, FL 32746			CITY - ST - ZIP	**\$550.00		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACOBY, GREG			NAME			
STREET ADDRESS	359 CAROLINA AVE			STREET ADDRESS			
CITY - ST - ZIP	WINTER PARK, FL 32789			CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KYLE D. RIVA			NAME			
STREET ADDRESS	359 CAROLINA AVE.			STREET ADDRESS			
CITY - ST - ZIP	WINTER HAVEN, FL 32789			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/06
Date

Daytime Phone #

3/31/06