


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90448 030 ***150.00

DOCUMENT # P97000002286 1. Entity Name EPAC OF MANATEE, INC.					
Principal Place of Business 3401 105 WEST PALMETTO FL 34221			Mailing Address 3401 10TH STREET WEST PALMETTO FL 34221		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0822176 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SWARTZ, STANLEY R 1111 THIRD AVE. W. BRADENTON FL 34205	
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			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.		
TITLE D <input type="checkbox"/> Delete NAME EDDY, GARY L STREET ADDRESS 3401 10TH STREET WEST CITY-ST-ZIP PALMETTO FL 34221			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP <input checked="" type="checkbox"/> Delete NAME COOPER, RICHARD STREET ADDRESS 3401 10TH STREET WEST CITY-ST-ZIP PALMETTO FL 34221			TITLE VP. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME BRYAN S. EDDY STREET ADDRESS 3401 10TH STREET WEST CITY-ST-ZIP PALMETTO FLA 34221		
TITLE ST <input type="checkbox"/> Delete NAME EDDY, LAURA F. STREET ADDRESS 3401-10TH STREET WEST CITY-ST-ZIP PALMETTO FL 34221			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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MOORE CR2E034 (11/03)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #