

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000084951

1. Entity Name  
EPIC COMPONENTS, INC.



Principal Place of Business

5760 SHIRLEY ST  
14  
NAPLES, FL 34109 US

Mailing Address

5760 SHIRLEY ST  
14  
NAPLES, FL 34109 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09152005

Chg-P

CR2E034 (10/03)

FILED  
05 SEP 27 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



4. FEI Number

59-3477572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, F. EDWARD  
821 5TH AVE., S., STE. 201  
NAPLES, FL 34102

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 DVP ☐ Delete  
NAME LEVANGIE, THOMAS F  
STREET ADDRESS 3730 RECREATION LANE  
CITY-ST-ZIP NAPLES, FL 34116

TITLE ☐ Change ☐ Addition  
NAME 500080089233  
STREET ADDRESS 09/29/05--01071--018 \*\*\$61.25  
CITY-ST-ZIP

TITLE ~~DT~~ ☒ Delete  
NAME ~~EMERSON, MICHAEL E~~  
STREET ADDRESS ~~101 BRAMPTON LANE~~  
CITY-ST-ZIP ~~NAPLES, FL 34104~~

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME MURPHY, MICHAEL  
STREET ADDRESS 9890 EL GRECO CIRCLE  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

*Thomas Levangie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS LEVANGIE 9/24/05

Date

Daytime Phone #