


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90049 050 \*\*\*150.00

<b>DOCUMENT # P98000005255</b> 1. Entity Name EPIC SERVICES, INC.	
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Principal Place of Business 1000 RIVERSIDE AVENUE, 8TH FLOOR JACKSONVILLE, FL 32204	Mailing Address 225 WATER STREET STE 1400 JACKSONVILLE, FL 32202
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**50018951**



01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3487751	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GOES COWN, ROBERTA 225 WATER STREET SUITE 1400 JACKSONVILLE, FL 32202
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THORPE, KIM D 225 WATER ST SUITE 1400 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BYERS, JOHN R 225 WATER STREET SUITE 1400 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGBY, RICHARD J 4138 SHORECREST ROAD ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTY-GOLDER, BARBARA 23 WEBB STREET OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHADY-KING, BECKETT 23 WEBB STREET OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PARKS, PEGGY A 225 WATER ST SUITE 1400 JACKSONVILLE, FL 32202

**DO NOT WRITE  
IN THIS SPACE**

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: Peggy A. Parks **Peggy A. Parks** 2/22/05 **(904) 354-2482**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Ext. 3287**