## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 13, 2005 8:00 am Secretary of State **DOCUMENT # P99000075983** 1. Entity Name 04-13-2005 90046 001 \*\*\*150.00 EPIM CONSULTING, INC. Principal Place of Business Mailing Address 500 N. MAITLAND AVE., STE. 215 500 N. MAITLAND AVE., STE. 215 9 16 17 821 2 25 MAITLAND, FL 32751 MAITLAND, FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3595364 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUIDA, FRANK J CPA Street Address (P.O. Box Number is Not Acceptable) 500 N. MAITLAND AVE., STE. 215 MAITLAND, FL 32751 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE Delete TITLE French, A. E.L. NAME FRENCH, A.E.L. NAME 1622 Stoney wood Way 448 LAKE BRIDGE 1911 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP Apopka FL 32712 TITLE ☐ Delete TITLE Change ☐ Addition GUIDA, FRANK NAME NAME P.O. BOX 941708 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MAITLAND, FL 327941708 CITY-ST-7IP ☐ Delete TITLE TITLE Change Ch ☐ Addition NAME FRENCH, DEBORAH S Erench-, Deborah-5-NAME ... STREET ADDRESS 448 LAKEBRIDGE LN., 1911 STREET ADDRESS 1622 Stonerwood way CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP ADOPKA, FL 32712 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

A. K. L. FRENCH

☐ Delete

☐ Change

☐ Addition

**FILED**