

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90410 006 ***158.75

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1. Entity Name
EPROJECT.NET, INC.



Principal Place of Business
5711 RICHARD ST STE 1
JACKSONVILLE, FL 32216

Mailing Address
3730 HARBOR ACRES LANE
JACKSONVILLE, FL 32257

50008595



2. Principal Place of Business

421 West Church St.

Suite, Apt. #, etc.

Suite 400

City & State

Jacksonville, FL

Zip

32202

Country

Duval

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

01202006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3596944

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VENTERS, DAVID G
4436 HOLLYGATE CT.
JACKSONVILLE, FL 32258

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME VENTERS, DAVID G
STREET ADDRESS 4436 HOLLYGATE CT.
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE D ☒ Delete
NAME GRINNAN, J. ALLAN JR.
STREET ADDRESS 5711 RICHARD ST., STE. 1A-2
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE D ☒ Delete
NAME KREINEST, DAVID E
STREET ADDRESS 801 LIGHTWOOD CT.
CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE T ☐ Delete
NAME VENTERS, TERRILL L
STREET ADDRESS 4436 HOLLYGATE CT
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE S ☐ Delete
NAME Elizabeth Dunn
STREET ADDRESS 3730 Harbor Acres Lane
CITY-ST-ZIP Jacksonville, FL, 32257

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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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 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: *David G Ventrers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/06

Date

904-332-8640

Daytime Phone #