


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

RECEIVED FILED
Jan 31, 2004 08:00 AM
Secretary of State
EPOCH PROPERTIES

DOCUMENT # S01933 1. Entity Name EPI-ALHAMBRA, INC.	
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Principal Place of Business 359 CAROLINA AVE. WINTER PARK FL 32789	Mailing Address 359 CAROLINA AVE. WINTER PARK FL 32789
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

4. FEI Number 59-3038894	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DOWNING, GRANT T GODBOLD DOWNING, SHEAHAN & BILL, PA 222 WEST COMSTOCK AVE, #101 WINTER PARK FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
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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
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10. OFFICERS AND DIRECTORS													
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> P PUGH, JAMES, H, JR 359 CAROLINA AVE WINTER PARK FL </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> V JACOBY, GREG 359 CAROLINA AVE WINTER PARK FL </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> V RIVA, KYLE, D 359 CAROLINA AVE WINTER PARK FL </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> _____ _____ _____ </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> _____ _____ _____ </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> _____ _____ _____ </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> </table>	P PUGH, JAMES, H, JR 359 CAROLINA AVE WINTER PARK FL	<input type="checkbox"/> Delete	V JACOBY, GREG 359 CAROLINA AVE WINTER PARK FL	<input type="checkbox"/> Delete	V RIVA, KYLE, D 359 CAROLINA AVE WINTER PARK FL	<input type="checkbox"/> Delete	_____ _____ _____	<input type="checkbox"/> Delete	_____ _____ _____	<input type="checkbox"/> Delete	_____ _____ _____	<input type="checkbox"/> Delete
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_____ _____ _____	<input type="checkbox"/> Delete												
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_____ _____ _____	<input type="checkbox"/> Delete												

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11											
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> U000000025312 02/02/04-80100-014 150.00 </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> _____ _____ _____ </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> _____ _____ _____ </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> _____ _____ _____ </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> _____ _____ _____ </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>	U000000025312 02/02/04-80100-014 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ 1/22/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #