2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S80814

1. Entity Name

EP INVESTMENTS, INC.



Principal Place of Business

4400 BAYOU BLVD.

SUITE 6-B PENSACOLA, FL 32503 4400 BAYOU BLVD.

SUITE 6-B

Mailing Address

PENSACOLA, FL 32503

FILED Jan 28, 2005 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

01252005 No Chg-P

CR2E034 (10/03)

4. FEI Number 62-1477787 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

FLEMING, EDWARD P 4400 BAYOU BLVD. SUITE 12&13

DO NOT WRITE IN THIS SDACE

PENSACOLA, FL 32503			THE THIS STACE.			
B. 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 Sonature, typed or printed name of registered agent and trie 4 applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS			•••••	<u> </u>	
title Name Street address City-St-Zip	PSTD TIPPENS, GARY 4400 BAYOU BLVD., SUITE 6-B PENSACOLA, FL 32503				######################################	150.00
nile Name Street address City-St-Zip						
title Naml Street address City-st-zip				DO	NOT WRITE	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 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:

CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05

850-484-2906