


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # F03000002220 1. Entity Name EQUIDATA, INC. |  |
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| Principal Place of Business 724 THIMBLE SHOALS BLVD. NEWPORT NEWS, VA 23606 | Mailing Address 724 THIMBLE SHOALS BLVD. NEWPORT NEWS, VA 23606 |
|---|---|



02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 54-1148267 | Applied For 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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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U00000078096
03/08/04-80014-002 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CCEO BLAYLOCK, GRADY M POST OFFICE BOX 6610 NEWPORT NEWS, VA 23606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCOO ZEITZ, LORETTA K POST OFFICE BOX 6610 NEWPORT NEWS, VA 23606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CASSELL, SHERRY K POST OFFICE BOX 6610 NEWPORT NEWS, VA 23606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GREATHOUSE, CLARA M POST OFFICE BOX 6610 NEWPORT NEWS, VA 23606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Loretta K. Zeitz Date: 2/11/04 Daytime Phone #: 757-873-0519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR