2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000006003

1. Entity Name EQ FLORIDA, INC.

Principal Place of Business

36255 MICHIGAN AVENUE Wayne, MI 48184 Mailing Address

36255 MICHIGAN AVENUE WAYNE, MI 48184

FILED Jul 13, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0414157

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

			III TIIO OFACE			
	named entity submits this statement for the ions of registered agent.	l. purpose of changing its registere	d office or	registered agent, or bo	olfi, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and a	tie 4 approante. (NOTE: Registered	Agent signatur	o required when renstaring}	DATE	
	LE NOW!!! FEE 18 \$150.00 ue by September 8, 2004	Election Campaign Financ Trust Fund Contribution.	gnk	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
HILE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR PD LUSK, DAVID M 36255 MICHIGAN AVENUE WAYNE, MI 48184 ST WUNDERLICH, KENNETH 36255 MICHIGAN AVENUE WAYNE, MI 48184	ECIONS			U00000165922 07/13/04-80001-021 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FERRANTINO, MICHAEL J JR. 36255 MICHIGAN AVENUE WAYNE, MI 48184			DO NOT WRITE		
HTEE NAME STREET ADDRESS CHY-SE-ZIP	D MILLER, MICHAEL J 36255 MICHIGAN AVENUE WAYNE, MI 48184			IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					Marie de la company de la comp	
318EE						

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. I further certify that the information indicated on this report or suppliemental 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:

STREET ADDRESS CXTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kon Wardonich

7/. /ay 734-329-8036