


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



04132005 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**

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 *William Fess* DATE 4-19-05  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LUSK, DAVID M 36255 MICHIGAN AVENUE WAYNE, MI 48184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WUNDERLICH, KENNETH 36255 MICHIGAN AVENUE WAYNE, MI 48184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD FERRANTINO, MICHAEL J JR. 36255 MICHIGAN AVENUE WAYNE, MI 48184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, MICHAEL J 36255 MICHIGAN AVENUE WAYNE, MI 48184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000320383  
 04/21/05-80036-020 150.00

**DO NOT WRITE 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)(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: *William Fess* DATE 4/19/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #