2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M80963

1. Entity Name

EQUIDEBT CAPITAL CORPORATION



Principal Place of Business

C/O ROBERT W. OLSEN, JR. 961 CAMELOT RD.

MAITLAND, FL 32751 US

Mailing Address

C/O ROBERT W. OLSEN, JR. 961 CAMELOT RD. MAITLAND, FL 32751 US



FILED

Mar 25, 2004 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4. FEI Number | Applied For | 59-2893321 | Not Applicable

5. Certificate of Status Desired

03222004

No Chg-P

\$8.75 Additional Fee Required

CR2E034 (10/03)

5. Name and Address of Current Registered Agent

OLSEN, ROBERT W JR 961 CAMELOT RD MAITLAND, FL 32751

SIGNATURE:

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 Signature, typod or printed name of registered agent and title (I applicable. (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLSEN, ROBERT W JR. 961 CAMELOT RD MAITLAND, FL 32751				000000095952 03/25/04-80009-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ACCRESS CITY-ST-ZIP					
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 supplemental report is the 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 empoyeered to execute hij 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.					