

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-08-2005 90017 029 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000060660					
1. Entity Name EQUITY CONSTRUCTION MANAGEMENT & CONSULTING INC.					
Principal Place of Business 1482 SOUTH EAST MANTH LANE PORT ST LUCIE FL 34983		Mailing Address 1482 SOUTH EAST MANTH LANE PORT ST LUCIE FL 34983			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 90-0170107	
- Zip -		- Country -		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
- Zip -		- Country -		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROSE, HANLEY D 1482 SE MANTH LANE PORT ST. LUCIE FL 34983			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 <small>After May 1, 2005 Fee Will Be \$550.00</small> Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSE, HANLEY D	NAME			
STREET ADDRESS	1482 SOUTH EAST MANTH LANE	STREET ADDRESS			
CITY-ST-ZIP	PORT ST LUCIE FL 34983	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSE, HANLEY D	NAME			
STREET ADDRESS	1482 SOUTH EAST MANTH LANE	STREET ADDRESS			
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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:		1/27/05		772-370-0700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	