


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F03000006003 1. Entity Name EQ FLORIDA, INC.	
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Principal Place of Business 36255 MICHIGAN AVENUE WAYNE, MI 48184	Mailing Address 36255 MICHIGAN AVENUE WAYNE, MI 48184
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DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0414157	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 <u><i>William F. J...</i></u> DATE <u>4-19-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/21/05-80036-020 150.00

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: <u><i>William F. J...</i></u> <u>4/19/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>