


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2007 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 | |



07162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 20-0414157 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

1000000771387
08/03/07-20005-001 550.00

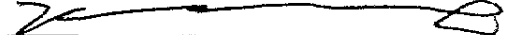
10. OFFICERS AND DIRECTORS

| | |
|--|---|
| 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**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/07

Date

734-324-8000

Daytime Phone #