

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000041244

**Entity Name:** EQUILEASE AT CREEKSIDE, INC.

**Current Principal Place of Business:**

3501 SW 2ND AVENUE  
GAINESVILLE, FL 32607

**Current Mailing Address:**

699 HAWKS TRACE DR  
JACKSONVILLE, FL 32225

**FEI Number:** 59-3511724

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MURPHY, LORRAINE B  
699 HAWKS TRACE DRIVE  
JACKSONVILLE, FL 32225 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	P	Title	ST
Name	MURPHY, LORRAINE B	Name	MOWRY, TOM
Address	699 HAWKS TRACE DRIVE	Address	5307 NW 91 BLVD
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	GAINESVILLE FL 32653

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LORRAINE MURPHY

**PRESIDENT**

**03/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date