

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000004575

1. Entity Name
AEQUALIS INC.



Principal Place of Business
**1320 N. PALMWAY
LAKE WORTH, FL 33460**

Mailing Address
**1320 N. PALMWAY
LAKE WORTH, FL 33460**



04112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
11-2798348

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PAROLA, MICHAEL
1320 N. PALMWAY
LAKE WORTH, FL 33460**

**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 the filer

FCI Number, registered agent's signature, required when changing

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**PD
PAROLA, MICHAEL
1323 N. LAKESIDE DR.
LAKE WORTH, FL 33460**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**CD
BRODY, MARTIN
23 TRAYMORE ST.
CAMBRIDGE, MA 02140**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**VCD
EMERY, MARGOT
1323 N. LAKESIDE DR.
LAKE WORTH, FL 33460**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
MERRYMAN, MARJORIE
30 FAIRMONT ST
BELMONT, MA 02178**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

000000303113
04/13/05-80098-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/14/05

561 582 3821