

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90478 035 ***150.00

DOCUMENT # F94000005738

1. Entity Name
MOREQUITY, INC.



Principal Place of Business
**601 N.W. SECOND ST.
EVANSVILLE, IN 47708**

Mailing Address
**601 N.W. SECOND ST.
EVANSVILLE, IN 47708**

DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
51-0312284

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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 \$150.00
After May 1, 2004 Fee will be \$550.00**

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
**PDCE
GEISSINGER, FREDERICK W
601 NW 2ND STREET
EVANSVILLE, IN**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DSC
BREIVAGEL, DONALD R JR
601 NW 2ND ST
EVANSVILLE, IN 47708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SV
COLE, ROBERT A
601 NW 2ND ST.
EVANSVILLE, IN 47708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BENNIE D HENDRIX
601 NW 2ND ST
EVANSVILLE, IN 47708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVSG
HAYES, TIMOTHY M
601 NW 2ND ST
EVANSVILLE, IN 47708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TO
BLYTHE, TIMOTHY W
601 NW SECOND ST
EVANSVILLE, IN 47708**

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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)(i), 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:

Timothy W. Blythe

Timothy W. Blythe

4/23/04

812-468-5705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Associate Tax Officer