2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2005 8:00 am Secretary of State

ANNUAL KEPUKI					Secretary of State			
DOCUMENT # G53727 1. Entity Name					03-14-2005	90116 038 ***15	50.00	
	L EQUITY & DEVELOPMEN	IT CORPORATION						
Principal Place of Business 875 CONCOURSE PKWY S SUITE 150 MAITLAND, FL 32751 US		Mailing Address P.O. BOX 4961 ORLANDO, FL 32802-4961 US			. Giles (Mil (Still 1991) 1931	50026		
2. Principal Place of Business		875 Carcourse Pkus S		5				
Suite. Apt. #, etc.		Suite, Apt. #, etc. / 50		01042005	Chg-P	CR2E034 (10/03)		
City & Stat	е	Sity & State MAIT (ANT),FC	4. FEI Number 59-263		- i -	oplied For ot Applicable	
Zip	Country	30751	Country	5. Certificate	of Status Desired	S8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
	PORATE SERVICES OF CENT TH ORANGE AVENUE	Street Add	CHESS (P.O. BOX Number	er is Not Acceptable	Muy S			
ORLANDO, FL 32801			Soi	te 150		· · · · · · · · · · · · · · · · · · ·		
City MAN)	FL Zip Co	251	
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 NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GINSBURG, ALAN H 1551 SANDSPUR RD MAITLAND, FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	

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 employered 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, the all other like empowered.

SIGNATURE:

ASIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR PRES

407/741-85200

Date