2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H36401

1. Entity Name
EQUITY PREMIUM, INC.

Principal Place of Business	Mailing Address
1535 N MAITLAND AVE C/O SHARON REGISTER MAITLAND, FL 32751	1535 N MAITLAND AVE C/O SHARON REGISTER MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

01122004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-2499733		Not Applicable

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

6. Name and Address of Current Registered Agent

REGISTER, SHARON
1535 N MAITLAND AVE
MAITLAND, FL 32751

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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	DP
NAME	REGISTER, SHARON
STREET ADDRESS	1535 NORTH MAITLAND AVE.
CITY-ST-ZIP	MAITLAND, FL
TITLE	ST
NAME	PACE, ERICK
STREET ADDRESS	1535 N MAITLAND AVE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	VP
NAME	PACE, TARA
STREET ADDRESS	1535 N MAITLAND AVE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/04-80088-018 158.75

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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: _____   1/12/04   407/260-2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #