


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90077 020 \*\*\*150.00

<b>DOCUMENT # K27001</b> 1. Entity Name <b>KOGER EQUITY, INC.</b>					
Principal Place of Business <b>225 NE MIZNER BLVD STE 200 BOCA RATON, FL 33432</b>			Mailing Address <b>225 NE MIZNER BLVD STE 200 BOCA RATON, FL 33432</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2898045</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TEAGLE, JAMES C</b> <b>8880 FREEDOM CROSSING TRL- STE 100</b> <b>JACKSONVILLE, FL 322569920</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8375 Dix Ellis Trail, Suite 101</b> <b>Jacksonville, FL 32256</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD</b> <b>CROCKER, THOMAS J</b> <b>433 PLAZA REAL, SUITE 335</b> <b>BOCA RATON, FL 33432</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>225 NE Mizner Blvd., Suite 200</b> <b>Boca Raton, FL 33432</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALOIAN, PIKE</b> <b>225 NE MIZNER BLVD STE 200</b> <b>BOCA RATON, FL 33432</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>HUGHES, VICTOR A.</b> <b>8880 FREEDOM CROSSING TRL- STE 100</b> <b>JACKSONVILLE, FL 322569920</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8375 Dix Ellis Trail, Suite 101</b> <b>Jacksonville, FL 32256</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HILEY, DAVID B</b> <b>8880 FREEDOM CROSSING TRL- STE 100</b> <b>JACKSONVILLE, FL 322569920</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8375 Dix Ellis Trail, Suite 101</b> <b>Jacksonville, FL 32256</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Vice President</b> <b>Steven A. Abney</b> <b>225 NE Mizner Blvd., Suite 200</b> <b>Boca Raton, FL 33432</b>		
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.					
<b>SIGNATURE: <u>Steven A. Abney</u></b> <span style="float: right;">4/23/04 (361) 395-9666</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

94068281



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