


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90063 005 ***150.00

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| DOCUMENT # L11571 1. Entity Name EQUITABLE MANAGEMENT CORP. |  |
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| Principal Place of Business 9851 113TH ST. NORTH, APT 213 SEMINOLE, FL 33772 US | Mailing Address 9851 113TH ST. NORTH, APT 213 APT. 113 SEMINOLE, FL 33772 US |
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-1201255 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SCHURMAN, BEATRICE T 9851 113TH ST. NORTH, APT 213 SEMINOLE, FL 33776 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and date if applicable</small> | DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY ST ZIP | PST SHURMAN, BEATRICE T 9851 113TH ST. NORTH, APT 213 SEMINOLE, FL 33772 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | PST Schurman, Beatrice T. 9209 Seminole Blvd., #163 Seminole, FL 33772 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | |
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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.

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| SIGNATURE: <u>Beatrice T. Schurman</u> (Beatrice T. Schurman) 4/28/2005 727-395-0241 | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Daytime Phone # |
|--|--|-----------------|