


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 02, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91062 034 \*\*\*\*61.25

<b>DOCUMENT # N99000003858</b> 1. Entity Name <b>EQUITHER, INC.</b>					
Principal Place of Business <b>3030A UNION ST. CLEARWATER, FL 33759</b>			Mailing Address <b>1 HARBOR PT PLACE SAFETY HARBOR, FL 34695</b>		
2. Principal Place of Business <b>12601 Foxbrook Lane</b>		3. Mailing Address <b>Same</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Odessa, Fla.</b>		City & State		4. FEI Number <b>59-3575625</b>	
Zip <b>33556</b>		Country <b>Hillsborough</b>		Zip <b>3</b>	
Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>DUBENDORFF, KIM A Stroup 1 HARBOR PT. PLACE SAFETY HARBOR, FL 34695</b>			7. Name and Address of New Registered Agent Name <b>Kim Stroup</b> Street Address (P.O. Box Number is Not Acceptable) <b>12601 Foxbrook Lane</b> City <b>Odessa</b> <b>FL</b> Zip Code <b>33556</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD DUBENDORFF, KIM Stroup 1 HARBOR PT. PLACE SAFETY HARBOR, FL 34695</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC SEALE, JOE 1478 ROSETREE COURT CLEARWATER, FL 33764</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD TSOMBANIDIS, CAERINA 3049 SAVANNAH OAKS CIRCLE TARPON SPRINGS, FL 34688</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD PROPHET, TONYA 1493 SANDY LANE CLEARWATER, FL 33755</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHOMAKER, MARGY 1807 EAST DR. CLEARWATER, FL 33755</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Monroe, Bonnie 1730 Lombardy Drive AD Clearwater, Fla.</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DeVries, Elizabeth 6360 25th Way S. Apt. 312D St. Petersburg, FL 33716</b>				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with authority like empowered.					
<b>SIGNATURE: _____ Admin. Director 6/29/04 (121) 224-1726</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

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