

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000002577

1. Entity Name
AMVEST EQUITIES I CORPORATION



FILED

04 JUN 17 PM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1951 LARGO ROAD
JACKSONVILLE, FL 32207

Mailing Address
1951 LARGO ROAD
JACKSONVILLE, FL 32207



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3630172	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, TERRY A
1951 LARGO ROAD
JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 ⁰⁰⁰³⁸²⁰⁷⁸⁶⁸ _{06/23/04--01090--004 **150.00} Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOORE, TERRY A
STREET ADDRESS	1951 LARGO ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
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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04/29/04 80176-024 150.00

DO NOT WRITE IN THIS SPACE

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: *Cheryl L. Thow*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04 904-8998-3700
Date Daytime Phone #