

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90322 018 ***150.00

DOCUMENT # P00000030634

1. Entity Name
EDUEQUITY, INC.



Principal Place of Business
8359 BEACON BLVD.
STE. 305
FORT MYERS, FL 33907

Mailing Address
8359 BEACON BLVD.
STE. 305
FORT MYERS, FL 33907

50039332



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0993353	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

HALL, LEONARD
8359 BEACON BLVD.
SUITE 305
FORT MYERS, FL 33907

**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

Leonard W Hall
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/13/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HALL, LEONARD W
STREET ADDRESS	8359 BEACON BLVD. STE. 305
CITY - ST - ZIP	FORT MYERS, FL 33907

TITLE	D
NAME	HALL, ADAM L
STREET ADDRESS	8359 BEACON BLVD. STE. 305
CITY - ST - ZIP	FORT MYERS, FL 33907

TITLE	D
NAME	WEST, JANET
STREET ADDRESS	8359 BEACON BLVD. STE. 305
CITY - ST - ZIP	FORT MYERS, FL 33907

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #