2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 04, 2008 8:00 am Secretary of State **DOCUMENT # P00000050794** 02-04-2008 90073 001 ***300 00 1. Entity Name FLORIDA EQUITY, INC. Principal Place of Business Mailing Address 4109 SW 28TH AVE 4109 SW 28TH AVE DOUDUDATA CAPE CORAL, FL 33914 CAPE CORAL, FL 33914 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 65-1015149 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELCHER, W. GUS II Street Address (P.O. Box Number is Not Acceptable) 1375 JACKSON ST., SUITE 303 FT. MYERS, FL 33901 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TIT1 F D Delete TITLE Change ☐ Addition CARTER, JACK C JR. NAME NAME STREET ADDRESS 4109 SW 28TH AVE STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** Daytime Phone

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