

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90026 039 ***150.00

DOCUMENT # P00000089989 1. Entity Name EQUITY CONSTRUCTION, INC.					
Principal Place of Business 11618 RIVERCHASE RUN WEST PALM BEACH, FL 33412				Mailing Address 11618 RIVERCHASE RUN WEST PALM BEACH, FL 33412	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MURGIO, MICHAEL J. 11618 RIVERCHASE RUN WEST PALM BEACH, FL 33412				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPT MURGIO, MICHAEL J. 11618 RIVERCHASE RUN WEST PALM BEACH, FL 33412		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C D S ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HILKER, JACQUELINE 11618 RIVERCHASE RUN WEST PALM BEACH, FL 33412		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P David Sweeney 3622 SE Clubhouse Place Stuart, FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, EDWARD J III 4523 ROBERTSON ROAD STUART, FL 34997		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Arthur Esch 3631 SE Clubhouse Place Stuart, FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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: <u>Michael J. Murgio</u> <u>3/1/04</u> <u>561-628-6246</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

44015112



02292004 Chg-P CR2E034 (10/03)

4. FBI Number
65-0373125

Applied For
Not Applicable

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