

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90128 006 \*\*\*158.75

**DOCUMENT # P01000005830**

1. Entity Name  
**RANKIN EQUITY INVESTORS, INC.**



Principal Place of Business  
**3399 PGA BLVD STE 240  
PALM BEACH GARDENS, FL 33410**

Mailing Address  
**3399 PGA BLVD STE 240  
PALM BEACH GARDENS, FL 33410**

**94084093**



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1079651 65-1089651</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**PIERCE, THOMAS K  
3399 PGA BLVD STE 240  
PALM BEACH GARDENS, FL 33410**

**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 \_\_\_\_\_

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MALCOLM SINA, MALCOLM S 3399 PGA BLVD SUITE 240 PALM BEACH GARDENS, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST GALGANO, JAMES V 3399 PGA BLVD SUITE 240 PALM BEACH GARDENS, FL 33410</b>
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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 address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_