


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90031 046 ***150.00

DOCUMENT # P01000034459

1. Entity Name
 EQUICON, INC.



Principal Place of Business Mailing Address

~~8060 BELVEDERE RD~~ ~~8060 BELVEDERE RD~~
~~#1~~ ~~#1~~
~~WEST PALM BEACH, FL 33411~~ ~~WEST PALM BEACH, FL 33411~~

2. Principal Place of Business 3. Mailing Address

10323 Southern Blvd 10323 Southern Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Royal Palm Bch Fl Royal Palm Beach FL
 Zip Country Zip Country

33411 Palm Bch 33411 Palm Beach



01162006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

RANSOME, WELFORD D
 10323 SOUTHERN BLVD
 ROYAL PALM BEACH, FL 33411

4. FEI Number Applied For

02-0584632 Not Applicable

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.


10. OFFICERS AND DIRECTORS

TITLE	PTS	<input type="checkbox"/> Delete
NAME	RANSOME, WELFORD D P	
STREET ADDRESS	409 NOTTINGHAM ROAD	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10323 Southern Blvd	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  2/5/06 561-793-6697
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

Welford D. Ransome, President