


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90009 021 ***150.00

DOCUMENT # P01000055276

1. Entity Name
FRANK R. EQUI, JR., INC.



Principal Place of Business: **2550 NE 170TH AVE WILLISTON, FL 32696**

Mailing Address: **2550 NE 170TH AVE WILLISTON, FL 32696**

2. Principal Place of Business: **4215 S.W. 4th Ave.**

3. Mailing Address: **4215 S.W. 4th Ave.**


Suite, Apt. #, etc.

City & State: **Ocala, Florida**

City & State: **Ocala, Florida**

Zip: **34474** Country: **USA**

Zip: **34474** Country: **USA**



07042004 Chg-P CR2E034 (10/03)

4. FEI Number: **59-3721205** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

**EQUI, FRANK R.
 2550 NE 170TH AVE
 WILLISTON, FL 32696**

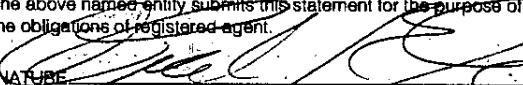
7. Name and Address of New Registered Agent

Name: **Equi, Frank R. Jr.**

Street Address (P.O. Box Number is Not Acceptable): **4215 S.W. 4th Ave**

City: **Ocala** FL Zip Code: **34474**

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:  **Frank R. Equi, Jr.** DATE: **7/4/04**

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
 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: PD	NAME: EQUI, FRANK R JR	STREET ADDRESS: 2550 NE 170TH AVE	CITY-ST-ZIP: WILLISTON, FL 32696	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:	NAME:	STREET ADDRESS: 4215 S.W. 4th Ave	CITY-ST-ZIP: Ocala FL 34474	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Frank R. Equi, Jr.** DATE: **7/4/4** 352-
Signature and typed or printed name of signing officer or director Date Daytime Phone #