


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

05-26-2004 90005 001 \*\*\*150.00

**DOCUMENT # P01000120311**

1. Entity Name  
**EQUAL ACCESS CONSULTING, INC.**



Principal Place of Business      Mailing Address

**1551 NW 115 TERR  
 PLANTATION, FL 33323**      **1551 NW 115 TERR  
 PLANTATION, FL 33323**

**44046044**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

05112004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**41-2037649**      Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HILLIER, LEE                      1551 NW 115 TERR                      PLANTATION, FL 33323</b>		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**

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	PTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HILLIER, LEE	NAME			
STREET ADDRESS	1551 NW 115 TERR	STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33323	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

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: *Lee Hillier* President      Date: **5-24-04**      Daytime Phone #: **9543700796**

Attachment



P01000120311

44046044

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 12, 2004

EQUAL ACCESS CONSULTING, INC.  
1551 NW 115 TERR  
PLANTATION, FL 33323

SUBJECT: EQUAL ACCESS CONSULTING, INC.  
Ref. Number: P01000120311

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker  
Document Specialist

Letter Number: 104A00033031