


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90016 016 ***150.00

DOCUMENT # P02000084073 1. Entity Name EQLS, INC.	
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Principal Place of Business 12654 WESTHAMPTON CIRCLE WELLINGTON, FL 33414	Mailing Address 12654 WESTHAMPTON CIRCLE WELLINGTON, FL 33414
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24010000



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1437741	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AILSTOCK, ELVIN 12654 WESTHAMPTON CIRCLE WELLINGTON, FL 33414
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	DP AILSTOCK, ELVIN 12654 WESTHAMPTON CIRCLE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR - SEC/TREAS JOHN COVIC 11512 56TH PLACE N. ROYAL PALM BCH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 an address, with all other like empowered.

SIGNATURE  **JOHN COVIC (DIR)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-04 **561-792-3980**
Date Daytime Phone #



Attachment
a 4616385

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 17, 2004

EQLS, INC.
12654 WESTHAMPTON CIRCLE
WELLINGTON, FL 33414

SUBJECT: EQLS, INC.
Ref. Number: P02000084073

We have received your document for EQLS, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The person that signed the reinstatement application is not listed as an officer/director of the corporation. Please list the person signing as an officer/director in the appropriate space or on an attachment with a street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Justin M Shivers
Document Specialist

Letter Number: 404A00010681