

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P0200011971

1. Entity Name
EQUICROSS, INC.



Principal Place of Business
BLUE CREEK FARMS
6628 DORMANY ROAD NORTH
PLANT CITY, FL 33565

Mailing Address
BLUE CREEK FARMS
6628 DORMANY ROAD NORTH
PLANT CITY, FL 33565



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0467713
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIENVENU, L. PATRICK
6628 DORMANY ROAD NORTH
PLANT CITY, FL 33565

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME BIENVENU, KIMBERLY A
STREET ADDRESS 6628 DORMANY ROAD NORTH
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE V
NAME BIENVENU, L. PATRICK
STREET ADDRESS 6628 DORMANY ROAD NORTH
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000722903
05/02/07-80049-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-07
Date

813-982-1920
Daytime Phone #