## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Secretary of State DOCUMENT # P03000086772 03-08-2006 90182 043 \*\*\*150.00 1. Entity Name EQUIDOC, INC. Principal Place of Business Mailing Address 60022382 48 SE 1ST AVE 48 SE 1ST AVE DELRAY BCH, FL 33444 DELRAY BCH, FL 33444 2. Principal Place of Business 120 East Ocean Ave 3. Mailing Address 120 East Ocean Ave 01042006 CR2E034 (11/05) Chg-P City & State City & State Lantara 4. FEI Number Applied For Lantana FL 75-3126088 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCMILLAN, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 48 SE 1ST AVE DELRAY BCH, FL 33444 antana 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President TITLE ☐ Delete TITLE McMillan, Richard J MCMILLAN, RICHARD J NAME NAME 48 SE 1ST AVE 120 East Ocean AUR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BCH, FL 33444 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-7IP TITLE TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 trade 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 h all other like empowered.

OR DIRECTOR

FILED Mar 08, 2006 8:00 am

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