

2004 FLORIDA CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91028 044 ***150.00

DOCUMENT # P03000095905

1. Entity Name
EQUITY ASSURED, INC.



Principal Place of Business
**100 VILLAGE SQUARE CROSSING
SUITE #204
PALM BEACH GARDENS, FL 33410**

Mailing Address
**1121 SOUTH MILITARY TRAIL
SUITE #136
DEERFIELD BEACH, FL 33442**



2. Principal Place of Business
3700 Terrapin Lane

3. Mailing Address

Suite, Apt. #, etc.

321

Suite, Apt. #, etc.

02132004

Chg-P

CR2E034 (10/03)

City & State

Coral Springs, FL

City & State

4. FEI Number

20-0193170

Applied For

Not Applicable

Zip

33067

Country

USA

Zip

Country

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

**MONFORT, CHRISTOPHER J
4320 CRYSTAL LAKE DRIVE
UNIT A-2
POMPANO BEACH, FL 33064**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MONFORT, CHRISTOPHER J**
CITY-ST-ZIP **4320 CRYSTAL LAKE DRIVE UNIT A-2
POMPANO BEACH, FL 33064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-23-04 (561) 714-2134