

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-26-2004 90020 015 \*\*\*150.00

**DOCUMENT # P32223**

1. Entity Name  
EQUITABLE JVS, INC.



Principal Place of Business  
3424 PEACHTREE RD, NE  
SUITE 800  
ATLANTA, GA 30326 US

Mailing Address  
3424 PEACHTREE RD, NE  
SUITE 800  
ATLANTA, GA 30326 US

94020986



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-1912708

Applied For

Not Applicable

Zip

Country

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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 D  
NAME NELSON, MILLS E  
STREET ADDRESS 3424 PEACHTREE RD  
CITY-ST-ZIP ATLANTA, GA 30326 ☒ Delete

TITLE DP  
NAME ANTONIEWICZ, WALDEMAR J.  
STREET ADDRESS 3424 PEACHTREE RD., NE  
CITY-ST-ZIP ATLANTA, GA 30326 ☐ Change ☐ Addition

TITLE S  
NAME MCKEAN, THOMAS A  
STREET ADDRESS 3424 PEACHTREE RD, NE, STE 800  
CITY-ST-ZIP ATLANTA, GA 30326 ☐ Delete

TITLE V  
NAME DAFFER, TERRELL E.  
STREET ADDRESS 3424 PEACHTREE RD., NE  
CITY-ST-ZIP ATLANTA, GA 30326 ☐ Change ☐ Addition

TITLE CPCD  
NAME KENNEDY, THOMAS P.  
STREET ADDRESS 3424 PEACHTREE RD, NE, STE 800  
CITY-ST-ZIP ATLANTA, GA 30326 ☒ Delete

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

TITLE VAS  
NAME NEWMARK, DEBBIE  
STREET ADDRESS 3424 PEACHTREE RD, NE, STE 800  
CITY-ST-ZIP ATLANTA, GA 30326 ☐ Delete

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

TITLE D  
NAME BARAG, JERROLD  
STREET ADDRESS 3424 PEACHTREE RD, NE, STE 800  
CITY-ST-ZIP ATLANTA, GA 30326 ☒ Delete

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

TITLE D  
NAME DEGNAN, AMBER B  
STREET ADDRESS 3424 PEACHTREE RD, NE, STE 800  
CITY-ST-ZIP ATLANTA, GA 30326 ☒ Delete

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

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:

*Debbie J. Newmark*

Debbie J. Newmark

01/15/04

404-846-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #