

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90027 009 ***150.00

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1. Entity Name

EQUITOR FARM, INC.



Principal Place of Business

12251 N.W. 18TH AVENUE
CITRA FL 32113

Mailing Address

12251 N.W. 18TH AVENUE
CITRA FL 32113

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3175183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORTORA, BEVERLEY
12251 N.W. 18TH AVENUE
CITRA FL 32113

7. Name and Address of New Registered Agent

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME TORTORA, EMANUEL
STREET ADDRESS 600 SW 69 AVE
CITY-ST-ZIP PEMBROKE PINES FL

TITLE VP ☐ Delete
NAME TORTORA, JACQUELINE
STREET ADDRESS 600 SW 69 AVE
CITY-ST-ZIP PEMBROKE PINES FL

TITLE VP ☐ Delete
NAME TORTORA, STEVEN
STREET ADDRESS 12251 NW 18 AVE
CITY-ST-ZIP CITRA FL

TITLE VPST ☐ Delete
NAME TORTORA, BEVERLEY
STREET ADDRESS 12251 NW 18 AVE
CITY-ST-ZIP CITRA FL

TITLE VP ☐ Delete
NAME TORTORA, RICHARD
STREET ADDRESS 12253 NW 18 AVE
CITY-ST-ZIP CITRA FL

TITLE VP ☐ Delete
NAME TORTORA, MARY
STREET ADDRESS 12253 NW 18 AVE
CITY-ST-ZIP CITRA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

Beverley Tortora

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04 (352) 368-1665

Date

Daytime Phone #