


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000106337	
1. Entity Name EQUITY INVESTORS GENERAL PARTNER, INC.	

Principal Place of Business P.O. BOX 16167 MOBILE, AL 36616 US	Mailing Address P.O. BOX 16167 MOBILE, AL 36616 US
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03112004 No Chg-P CR2E034 (10/03)

4. FEI Number 63-1189874	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BLUE, ROB JR
221 MCKENZIE AVE
PANAMA CITY, FL 32401

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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIXON, STEPHEN W 161 N BELTLINE HWY MOBILE, AL 36608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, J R 165 N BELTLINE HWY MOBILE, AL 36608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLBERGER, JACK ONE OFFICE PARK STE 101 MOBILE, AL 36609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 SIGNED OFFICER OR DIRECTOR **Date** 4/28/04 **Daytime Phone #** 251-343-7925