

**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      Mailing Address  
**P.O. BOX 16167**      **P.O. BOX 16167**  
**MOBILE, AL 36616 US**      **MOBILE, AL 36616 US**

**DO NOT WRITE IN THIS SPACE**



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number **63-1189874**      Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

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	

U00000149301  
05/03/04-80181-017 150.00

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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]      Date: 4/28/04      Daytime Phone #: 251-343-7925