## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

## Mar 15, 2004 8:00 am Secretary of State DOCUMENT # P9900000825 03-15-2004 90056 018 \*\*\*150.00 1. Entity Name EQUITY ACCOUNTING, INC. Principal Place of Business Mailing Address CCALAUPA 4430 HIGHWAY 90 4430 HIGHWAY 90 SUITE H SUITE H PACE, FL 32571 PACE, FL 32571 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-3549359 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FAIRCLOTH, S. RICK Street Address (P.O. Box Number is Not Acceptable) 4430 HIGHWAY 90 SUITE H PACE, FL 32571 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Defete TITLE Change Addition FAIRCLOTH, S. RICK NAME NAME STREET ADDRESS 4430 HWY 90 -STE H STREET ADDRESS CITY-ST-ZIP PACE, FL 32571 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

S. RICK FAIRCLOTH 3-12-04

**FILED**