

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90036 001 ***158.75

DOCUMENT # V29835

1. Entity Name
EQUITY RESEARCH CORPORATION



Principal Place of Business
**2606 NW 67TH TERRACE
GAINESVILLE, FL 32606 US**

Mailing Address
**% 408 W. UNIVERSITY AVE.
SUITE 500, THE SEAGLE BLDG.
GAINESVILLE, FL 32601-5289 US**

94022000



DO NOT WRITE IN THIS SPACE

01272004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3123564

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BEVERLY, PHIL C. JR.
THE SEAGLE BUILDING
408 W. UNIVERSITY AVE., SUITE 500
GAINESVILLE, FL 32601**

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IN THIS SPACE**

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 _____ (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

TITLE	PSTB
NAME	GASKIN, JACK M
STREET ADDRESS	14212 SW 62ND TERRACE (RT 1 BOX 319A)
CITY-ST-ZIP	MICANOPY, FL 32667
TITLE	PSTB
NAME	Gaskin, Jack M
STREET ADDRESS	2606 N. W. 67th Terrace
CITY-ST-ZIP	Gainesville, FL 32606
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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IN THIS SPACE**

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 SIGNING OFFICER OR DIRECTOR)

2/25/2004 (352) 376-6387