

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90007 039 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # L73511**  
 1. Entity Name  
 EQUITY EXCHANGE SERVICES, INC.



**44001698**

Principal Place of Business: 100 WALLACE AVE, STE 100, SARASOTA, FL 34237  
 Mailing Address: 100 WALLACE AVE, STE 100, SARASOTA, FL 34237



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country  
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

01072004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0195205  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
 BONE, DAVID D.  
 1952 FIELD RD  
 SUITE B  
 SARASOTA, FL 34231

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): 100 Wallace Avenue, Suite 100  
 City: Sarasota FL Zip Code: 34237

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: *David D. Bone*  
 (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: P NAME: BONE, DAVID D. STREET ADDRESS: 100 WALLACE AVE STE 100 CITY-ST-ZIP: SARASOTA, FL 34237	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: Schwab, Gloria J. STREET ADDRESS: 100 Wallace Avenue, Suite 100 CITY-ST-ZIP: Sarasota, FL 34237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: ST NAME: Bone, Carol A. STREET ADDRESS: 100 Wallace Avenue, Suite 100 CITY-ST-ZIP: Sarasota, FL 34237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David D. Bone* 1/8/04 941-954-8405  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DAVID D. BONE, PRESIDENT Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_