

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90026 026 ***150.00

DOCUMENT # P04000162557 1. Entity Name EQUIPMENT PLUS SOLUTIONS, INC.					
Principal Place of Business 6600 SOUTH MAGNOLIA AVENUE OCALA, FL 34476			Mailing Address P.O. BOX 2908 BELLEVIEW, FL 34421		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HICKEY, LAWRENCE G 6600 SOUTH MAGNOLIA AVENUE OCALA, FL 34476				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	HICKEY, LAWRENCE G		NAME		
STREET ADDRESS	P.O. BOX 2908		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW, FL 34421		CITY-ST-ZIP		
TITLE	VP ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	HICKEY, JOANNE M.		NAME		
STREET ADDRESS	P.O. BOX 2908		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW, FL 34421		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			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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Joanne M. Hickey, VP</u>			<u>Joanne M. Hickey VP</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>2/7/06</u> Daytime Phone # <u>352-237-1869</u>		