

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90003 008 ***150.00



DOCUMENT # V15715

1. Entity Name
EQUUS SERVICE, INC.

Principal Place of Business

3461 NW 16TH CT
OCALA, FL 34475 US

Mailing Address

PO BOX 4874
OCALA, FL 34478



07042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3115266	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARNARD, DENNIS L.
3461 NW 16TH CT
OCALA, FL 32675

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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	PTV BARNARD, DENNIS L. 3461 NW 16TH CT OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, PAM 2086 NE 42 ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Dennis L. Barnard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/04 352-351-3641
Date Daytime Phone #

EQUUS SERVICE INC.

Attachment
44049092
#V15715

FLORIDA DEPT. OF STATE
SECRETARY OF STATE
GLENDA E. HOOD
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FLORIDA 32314

EQUUS SERVICE INC.
PO BOX 4874
OCALA, FL. 34478
(352) 351-3641

DEAR MADAM:

EQUUS SERVICE FILED THE CORPORATION FEE CHECK # 3300 ON
MARCH 9TH, 2004 FOR \$150.00.

WE RECEIVED NO PRIOR NOTICE THAT YOU HAD NOT RECEIVED THIS
CHECK UNTIL NOTICE OF INTENT TO DISSOLVE CORPORATION POST -
CARD WAS RECEIVED ON JULY 3RD, 2004.

WE SPOKE WITH TYRONE AT YOUR OFFICE AND EQUUS IS MAILING YOU
ANOTHER CHECK FOR \$150.00 FOR THE CORPORATION FEE. WE HOPE
THAT YOU WILL WAIVE THE LATE FEE AS WE CAN NOT UNDERSTAND
WHAT COULD HAVE HAPPENED TO OUR ORIGINAL CHECK.

SINCERELY,

DL BARNARD. PRES
EQUUS SERVICE INC.

Attachment

44049092
#115715

TRANS. TYPE/ CHECK NO.	DATE	DESCRIPTION OF TRANSACTION	PAYMENT/ DEBIT (\$)	FEE (\$)	DEPOSIT/ CREDIT (\$)	\$ BAL. FWD
2998	3/4	End Credit	274.92			13956.15
2999	3/9	R. Post of Revenue	129.56			13826.59
3800	3/9	R. Dep of State	150.05			13676.59
3801	3/9	State Farm Ins	397.25			13279.34
3801	3/9	State Farm Ins	689.16			12650.18
XXX	3/9	Deposit			4336.45	16986.63
XXX	3/11	Depos IT (41012)			3611.00	20597.63
XXX	3/11	State Farm Bicy damage	12.87			20584.76
3802	3/11	Hotel	153.96			20430.80
XXX	3/15	Deposit			3973.65	23403.45
3803	3/18	Gas money market	1667.00			21736.45
3804	3/16	Cheryl (Bell)	200.00			21536.45
3805	3/8	Sprint 351-3641	50.26			21486.19
3806	3/8	Bank etc	126.12			21360.07
3807	3/8	Car Collo	62.98			21297.09
XXX	3/18	Deposit			1348.65	22645.74

TRANS. PRES. - DEPOSIT, ATM, AIR MILE REWARD, CC - CHECK/DEBIT CARD, ET - ELECTRONIC PAYMENT, AD - ADJUTANT, DEPOSIT, T - TAX DEDUCTIBLE, O - OTHER