2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V15715

FILED Feb 25, 2005 Secretary of State

Entity Nan	ne: EQUUS S	ERVICE, INC.				
Current Pr	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
3461 NW 1 OCALA, FL						
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 48 OCALA, FL						
FEI Number:	59-3115266	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
BARNARD, DENNIS L. 3461 NW 16TH CT OCALA, FL 32675 US			3461 NW 1	BARNARD, DENNIS L. 3461 NW 16TH CT OCALA, FL 34475 US		
The above in the State		ubmits this statement for the po	urpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATUR			02/25/2005			
	Electron	ic Signature of Registered Age	nt		Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PTV () BARNARD, DEN 3461 NW 16TH OCALA, FL		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S () SMITH, PAM 2086 NE 42 ST OCALA, FL 344	Delete	Title: Name: Address: City-St-Zip:	S SMITH, PAN 2086 NE 42 OCALA, FL	ST	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS L. BARNARD PRES 02/25/2005