## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V15715

FILED May 26, 2009 Secretary of State

Entity Name: EQUUS SERVICE, INC. **Current Principal Place of Business: New Principal Place of Business:** 3461 NW 16TH CT 3892 NE 40 PL. OCALA, FL 34475 US OCALA, FL 34470 **Current Mailing Address: New Mailing Address:** PO BOX 4874 OCALA, FL 34478 FEI Number: 59-3115266 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARNARD, DENNIS L. 3461 NW 16TH CT OCALA, FL 34475 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition Title: () Delete Title: BARNARD, DENNIS L. BARNARD, DENNIS L. Name: Name: 3461 NW 16TH CT 3461 NW 16TH CT Address: Address: City-St-Zip: OCALA, FL City-St-Zip: OCALA, FL 34475 Title: Title: () Change () Addition () Delete

 Name:
 SMITH, PAM
 Name:

 Address:
 2086 NE 42 ST
 Address:

 City-St-Zip:
 OCALA, FL 34479
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 PTV 05/26/2009