

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V15715

**FILED**  
**Apr 15, 2012**  
**Secretary of State**

**Entity Name:** EQUUS SERVICE, INC.

**Current Principal Place of Business:**

3892 NE 40 PL.  
K  
OCALA, FL 34470 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4874  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 59-3115266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARNARD, PAM S  
3461 NW 16TH CT  
OCALA, FL 34475 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PTVS  
Name: BARNARD, PAM S  
Address: 3461 NW 16TH CT  
City-St-Zip: Ocala, FL 34475

I hereby 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 all other like empowered.

SIGNATURE: PAM S BARNARD

PRES

04/15/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date