

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G84110

**Entity Name:** EQUI-DEBT FINANCIAL GROUP, INC.

**Current Principal Place of Business:**

C/O MARK SHANTZIS  
8885 SOUTH HWY A1A  
MIAMI BEACH, FL 32951

**FILED**  
**Feb 14, 2017**  
**Secretary of State**  
**CC7705110728**

**Current Mailing Address:**

C/O MARK SHANTZIS  
8885 SOUTH HWY A1A  
MIAMI BEACH, FL 32951 US

**FEI Number: 59-2445235**

**Certificate of Status Desired: No**

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

SHANTZIS MARK D  
8885 SOUTH HWY A1A  
MELBOURNE BEACH, FL 32951 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

**Officer/Director Detail :**

Title PD  
Name SHANTZIS, MARK D.  
Address 8885 SOUTH HWY A1A  
City-State-Zip: MELBOURNE BEACH FL 32951

Title STD  
Name SHANTZIS, MORA M  
Address 8885 SOUTH HWY A1A  
City-State-Zip: MELBOURNE BEACH FL 32951

*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: MARK SHANTZIS**

**P**

**02/14/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date