

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V15715

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

**Current Principal Place of Business:**

3892 NE 40 PL.  
K  
OCALA, FL 34470

**Current Mailing Address:**

PO BOX 4874  
OCALA, FL 34478

**FEI Number: 59-3115266**

**Certificate of Status Desired:** No

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

BARNARD, PAM S  
1973 W TUBMAN LN  
DUNNELLON, FL 34433 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            PTVS  
Name            BARNARD, PAM S  
Address        1973 W TUBMAN LN  
City-State-Zip: DUNNELLON FL 34433

*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**

**P,VP,S,T**

**03/31/2014**

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

\_\_\_\_\_  
Date