

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007475

FILED
Apr 17, 2009
Secretary of State

Entity Name: EQUUS REALTY GROUP, INC.

Current Principal Place of Business:

5512 CYPRESS LINKS BLVD.
ELKTON, FL 32033

New Principal Place of Business:

110 RIBERIA STREET
ST. AUGUSTINE, FL 32084

Current Mailing Address:

5512 CYPRESS LINKS BLVD.
ELKTON, FL 32033

New Mailing Address:

110 RIBERIA STREET
ST. AUGUSTINE, FL 32084

FEI Number: 20-5999894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, KEITH E
5512 CYPRESS LINKS BLVD.
ELKTON, FL 32033 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: BAILEY, KEITH E
Address: 5512 CYPRESS LINKS BLVD.
City-St-Zip: ELKTON, FL 32033

Title: P () Delete
Name: BAILEY, KEITH E
Address: 5512 CYPRESS LINKS BLVD.
City-St-Zip: ELKTON, FL 32033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: KEITH E. BAILEY

CHRM

04/17/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date