

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # H33590**

1. Entity Name  
**EQUIPMENT SPECIALISTS, INC.**



Principal Place of Business  
**310 US HWY 17 92W  
SUITE 125  
HAINES CITY, FL 33844 US**

Mailing Address  
**P O BOX 929  
SUITE 125  
HAINES CITY, FL 33844 US**



04202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2480355**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GORDON, MICHAEL  
310 US HWY 17-92 W  
HAINES CITY, FL 33844**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEOT  
GORDON, BEVERLY G  
9114 GREAT HERON CIRCLE  
ORLANDO, FL 328365485**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
GORDON, MICHAEL H  
9114 GREAT HERON CIRCLE  
ORLANDO, FL 328365485**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
GORDON, JEREMY A  
8848 GREY HAWK POINTE  
ORLANDO, FL 32836**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

000000530102  
05/05/06-80105-001 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jeremy A. Gordon 04/20/06**

Date

Daytime Phone #

**(863) 421-4567**