

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2007 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**



05242007 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 \$550.00
Due by September 14, 2007**

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**

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:

Jeremy A. Gordon 05/29/07 (863) 421-4567

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #