
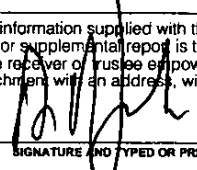


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90039 034 ***150.00

DOCUMENT # K96479 1. Entity Name EQUIVEST ASSOCIATES, INC.					
Principal Place of Business 2120 SW 55 STREET ROAD OCALA, FL 34474 US			Mailing Address 2120 SW 55 STREET ROAD OCALA, FL 34474 US		
2. Principal Place of Business - No P.O. Box # 2935 SE 101 Street		3. Mailing Address 2935 SE 101 Street			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Ocala, FL		City & State Ocala, FL			
Zip 34480		Country USA		Zip 34480	
Country USA		4. FEI Number 65-0138365			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEIN, H. RANDOLPH 333 NW 3RD AVENUE OCALA, FL 34470			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SARANDES, ANTHONY 2120 SW 55 STREET ROAD OCALA, FL 34474		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SaranDES, Anthony 2935 SE 101 Street Ocala, FL 34480	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV CHAMBLESS, CHARLOTTE 2120 SW 55 STREET ROAD OCALA, FL 34474		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV Chambless, Charlotte 2935 SE 101 Street Ocala, FL 34480	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SARANDES, LINDA 2120 SW 55 STREET ROAD OCALA, FL 34474		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SaranDES, Linda 2935 SE 101 Street Ocala, FL 34480	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 			Anthony Sarandes		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 352-237-1870		