

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000023998

1. Entity Name
EQUUS FINANCIAL GROUP, INC.



Principal Place of Business
**12212 TWIN BRANCH ACRES A7
TAMPA, FL 33626 US**

Mailing Address
**12212 TWIN BRANCH ACRES A7
TAMPA, FL 33626 US**



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3634151

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BARNETT, SCOTT F
412 E MADISON ST #900
TAMPA, FL 33602**

**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 PD
NAME FOUNTAIN, MICHAEL W
STREET ADDRESS 12212 TWIN BRANCH ACRES ROAD
CITY-ST-ZIP TAMPA, FL 33626

TITLE SD
NAME BUDD, STEPHEN R
STREET ADDRESS 12212 TWIN BANCH ACRES ROAD
CITY-ST-ZIP TAMPA, FL 33626

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11010001448505
03/09/06-80058-011 150.00

**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: Stephen R Budd **STEPHEN R BUDD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/06

Date

Daytime Phone #