



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000094496 1. Entity Name EQUITY MANAGEMENT SERVICES, INC.				FILED 05 APR 28 PM 12:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3848 KILLEARN COURT TALLAHASSEE, FL 32309		Mailing Address 3848 KILLEARN COURT TALLAHASSEE, FL 32309			
2. Principal Place of Business 3038-A Crawfordville Hwy.		3. Mailing Address 3038 Crawfordville Hwy.		04252005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. A		Suite, Apt. #, etc. A		4. FEI Number 59-3749411	
City & State Crawfordville, FL		City & State Crawfordville, FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 32347		Zip 32347		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country Wakulla		Country Wakulla			
6. Name and Address of Current Registered Agent BROWN, GENE D 3848 KILLEARN COURT TALLAHASSEE, FL 32309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3038-A Crawfordville Hwy. City Crawfordville FL Zip Code 32347		
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: <u><i>Gene D. Brown</i></u> 4-27-05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PS BROWN, GENE D <input type="checkbox"/> Delete 3848 KILLEARN CT. TALLAHASSEE, FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3038-A Crawfordville Hwy. Crawfordville, FL 32347	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000054120020 05/10/05--01003--007 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Gene D. Brown</i></u> 4-27-05 (850)524-5200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					