

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90192 024 ***150.00

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04232005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000121480 1. Entity Name EQUITIES HOLDINGS GROUP, INC.					
Principal Place of Business 420 PARK PLACE, SUITE 100 CLEARWATER, FL 33759			Mailing Address 420 PARK PLACE, SUITE 100 CLEARWATER, FL 33759		
2. Principal Place of Business 630 Chestnut St. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 630 Chestnut St. <small>Suite, Apt. #, etc.</small>			
City & State Clearwater, FL <small>Zip</small> 33756 <small>Country</small> USA		City & State Clearwater, FL <small>Zip</small> 33756 <small>Country</small> USA		4. FEI Number 80-0002845	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HUBBART, KEVIN J ESQ. 420 PARK PLACE, SUITE 100 CLEARWATER, FL 33759			7. Name and Address of New Registered Agent Name: Sean Moyles Street Address (P.O. Box Number is Not Acceptable): 630 Chestnut St. City: Clearwater FL Zip Code: 33756		
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 _____					
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	D MCCOMAS, DAVID <input type="checkbox"/> Delete 420 PARK PLACE, SUITE 100 CLEARWATER, FL 33759		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 630 Chestnut St. Clearwater, FL 33756	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLITIS, GREGORY <input type="checkbox"/> Delete 965 BAYSHORE BLVD SOUTH SAFETY HARBOR, FL 34695		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	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> David McComas			4-25-05 727-723-377 <small>Date Daytime Phone #</small>		