

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000060247**

1. Entity Name  
**EQUUS PROPERTIES GROUP, INC.**



Principal Place of Business

**14332 COCO PLUM RD  
PALM BEACH GARDENS, FL 33418**

Mailing Address

**14332 COCO PLUM RD  
PALM BEACH GARDENS, FL 33418**



01282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0705871**

Ap  
No

5. Certificate of Status Desired ☐

**\$8.75 Addl  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CURTIS, RICHARD H  
14332 COCO PLUM RD  
PALM BEACH GARDENS, FL 33418**

**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 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, 2008 Fee will be \$550.00**

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  
**D  
CURTIS, RICHARD H  
14332 COCO PLUM RD  
PALM BEACH GARDENS, FL 33418**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ADAMS, ELAYNE J  
14332 COCO PLUM RD  
PALM BEACH GARDENS, FL 33418**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 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 100 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-21-08**

Date

**561-627-91**

Daytime Phone