

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009305

Entity Name: EQUITRANSFER, INC.

FILED
Jan 14, 2005
Secretary of State

Current Principal Place of Business:

2200 S.W. 175TH STREET
SUMMERFIELD, FL 34492

New Principal Place of Business:

17454 S. HWY 475
SUMMERFIELD, FL 34491

Current Mailing Address:

P.O. BOX 770
SUMMERFIELD, FL 34492

New Mailing Address:

FEI Number: 13-4238877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVILA, JOSE R
2200 S.W. 175TH STREET
SUMMERFIELD, FL 34492 US

Name and Address of New Registered Agent:

DAVILA, JOSE R
PO BOX 770
SUMMERFIELD, FL 34492 US

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.

SIGNATURE: JOSE R DAVILA

01/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: DAVILA, JOSE R DVM
Address: 2200 SE 175TH ST
City-St-Zip: SUMMERFIELD, FL 34491

Title: DR () Delete
Name: RAMIREZ, FRANCES M DVM
Address: 2200 SE 175TH ST
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: DAVILA, JOSE R DVM
Address: 6895 SE 12TH CIRCLE
City-St-Zip: OCALA, FL 34480

Title: DR (X) Change () Addition
Name: RAMIREZ, FRANCES M DVM
Address: 6895 SE 12TH CIRCLE
City-St-Zip: OCALA, FL 34480

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE R DAVILA

DR

01/14/2005

Electronic Signature of Signing Officer or Director

Date