

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000162557

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: EQUIPMENT PLUS SOLUTIONS, INC.

## Current Principal Place of Business:

6600 SOUTH MAGNOLIA AVENUE  
OCALA, FL 34476

## New Principal Place of Business:

6600 SOUTH MAGNOLIA AVENUE  
OCALA, FL 34476 US

## Current Mailing Address:

P.O. BOX 2908  
BELLEVIEW, FL 34421

## New Mailing Address:

P.O. BOX 2908  
BELLEVIEW, FL 34421 US

FEI Number: 20-1983106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HICKEY, LAWRENCE G  
6600 SOUTH MAGNOLIA AVENUE  
OCALA, FL 34476 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HICKEY, LAWRENCE G  
Address: P.O. BOX 2908  
City-St-Zip: BELLEVIEW, FL 34421

Title: VP ( ) Delete  
Name: HICKEY, JOANNE M  
Address: P.O. BOX 2908  
City-St-Zip: BELLEVIEW, FL 34421

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HICKEY, LAWRENCE G  
Address: P.O. BOX 2908  
City-St-Zip: BELLEVIEW, FL 34421 US

Title: VP (X) Change ( ) Addition  
Name: HICKEY, JOANNE M  
Address: P.O. BOX 2908  
City-St-Zip: BELLEVIEW, FL 34421 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOANNE M. HICKEY

VP

01/05/2009

Electronic Signature of Signing Officer or Director

Date