


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90230 018 ***158.75

DOCUMENT # S85925	
1. Entity Name EQUIPMENT SERVICES GROUP, INC.	

Principal Place of Business 5201 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32810	Mailing Address 5201 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32810
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

60043283



02262007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3095629	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELLIOTT, E. J. 5201 N ORANGE BLOSSOM TR ORLANDO, FL 32810	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LYONS, J.M. <input type="checkbox"/> Delete 5201 N ORANGE BLOSSOM TR ORLANDO, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT & DIRECTOR ELLIOTT, MARC G <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5201 N ORANGE BLOS. TR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ELLIOTT, JOHN E <input checked="" type="checkbox"/> Delete 5201 N ORANGE BLOSSOM TR ORLANDO, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER RUNKEL, SCOTT W <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5201 N ORANGE BLOS. TR. ORLANDO, FL
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
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 exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #