


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90016 046 ***150.00

DOCUMENT # P01000020584		
1. Entity Name ADVANTAGE 5 TITLE, INC.		

Principal Place of Business 13051 N. CLEVELAND AVE. N. FORT MYERS, FL 33903	Mailing Address C/O AFFILIATE DIVISION 5810 WEST CYPRESS STREET, SUITE E TAMPA, FL 33607 US
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54001056

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 13051 N. CLEVELAND AVE
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City & State N. FT. MYERS, FL	City & State N. FT. MYERS, FL
Zip 33903	Country U.S.A.

01162004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1080217	Applied For Not Applicable
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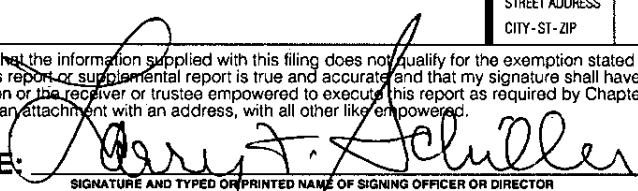
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LA ROSA, MICHAEL 5810 WEST CYPRESS STREET SUITE E TAMPA, FL 33607		7. Name and Address of New Registered Agent Name LARRY F. SCHILLER Street Address (P.O. Box Number is Not Acceptable) 13490 RED MAPLE CIRCLE City N. FT. MYERS FL Zip Code 33903	
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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 	DATE 01/23/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	VPS SCHILLER, THEODORE E 5915 SANDBURG DRIVE FORT MYERS, FL 339035820 <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	T SCHILLER, KATHERINE M 5915 SANDBURG DRIVE FORT MYERS, FL 339035820 <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	PRESIDENT DIRECTOR LARRY F. SCHILLER 13490 RED MAPLE CIRCLE N. FT. MYERS, FL 33903 <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 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: 	DATE 01/23/04 239 997-4022