

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000065437</b> 1. Entity Name ADVANTAGE AIR OF OCALA, INC.	
--	---

Principal Place of Business 38 BANYAN COURSE , UNIT B OCALA, FL 34472	Mailing Address 38 BANYAN COURSE , UNIT B OCALA, FL 34472
---	---

**DO NOT WRITE IN THIS SPACE**



01212007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2802627	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HOUSE, DAVID C. 38 BANYAN COURSE , UNIT B OCALA, FL 34472
--

**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, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

U00000613601  
02/05/07-80044-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HOUSE, DAVID C. 38 BANYAN COURSE , UNIT B OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOUSE, PHILLIP G. 2601 SE 40TH ST. OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SULLIVAN, JOHN T. JR. 2437 NE 6TH ST., STE. 1 OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \*  \* 1-24-07 \* 352-624-3094  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #