

# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

CLERK OF STATE  
DIVISION OF CORPORATIONS

2020 NOV 5 PM 12:07

DOCUMENT # P16000061807

1. Entity Name  
Advanced Group Home, Inc



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2. Principal Place of Business - No P.O. Box #

6704 Commodore Way

3. Mailing Address (same)

Suite, Apt. #, etc.

City & State  
Tampa, FL

Zip  
33615

Country  
USA

City & State

Zip  
33615

Country

4. FEI Number 813285929

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

CR2E034B (1/11)

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7. Name and Address of Current Registered Agent

Name 6704 Commodore Way

Street Address (P.O. Box Number is Not Acceptable)

Rosa Companioni

City Tampa

FL

Zip Code 33615

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 Rosa Companioni

Signature, typed or printed name of registered agent and title if applicable.

*[Signature]*

(NOTE: Registered Agent signature required when re-instating)

10/28/20

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

E-mail Address:

Rosa.E41@hotmail.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE President  
NAME Rosa E. Companioni  
STREET ADDRESS 6704 Commodore Way  
CITY-ST-ZIP Tampa, FL 33615

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

SEP 23 2020

R. HUNT

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.165 F.S.

SIGNATURE: Rosa E. Companioni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/20 (813)545-1188

DATE

Daytime Phone #

11/06/20 CORPORATE DETAIL RECORD SCREEN 7:51 AM  
NUM: P16000061807 ST:FL ACTIVE/FL PROFIT FLD: 07/25/2016 EFF: 07/20/2016  
LAST: REVOCATION OF VOLUNTARY DISSOLUT FLD: 09/23/2020  
NAME : ADVANCED GROUP HOME INC  
PRINCIPAL: 6704 COMMODORE WAY  
ADDRESS TAMPA, FL 33615  
RA NAME : COMPANIONI, ROSA E  
RA ADDR : 6704 COMMODORE WAY  
TAMPA, FL 33615 US  
ANN REP : (2017) W 03/15/17 (2018) W 02/05/18 (2019) W 03/25/19

1. MENU, 3. OFFICERS, 4. EVENTS, 5. NOTES

ENTER SELECTION AND CR: