


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90019 026 ***150.00

DOCUMENT # P96000039598

1. Entity Name
ADVANTAGE ADJUSTMENT COMPANY



Principal Place of Business
**1414 SE 17TH AVE
 STE 103
 CAPE CORAL FL 33990
 US**

Mailing Address
~~P.O. BOX 151089~~
~~CAPE CORAL FL 33916-1089~~

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
1414 S.E. 17TH AVE
SUITE 103
 Suite, Apt. #, etc.
CAPE CORAL, FL
 City & State
 Zip Country
33990 USA



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
**FREDERICK, WILLIAM J
 1060 S.E. 20TH PLACE
 CAPE CORAL FL 33990**

4. FEI Number **65-0663534** Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	FREDERICK, WILLIAM	
STREET ADDRESS	1060 S.E. 20TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FREDERICK, CAROLYN	
STREET ADDRESS	1060 S.E. 20TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FRYANT, LYNNE	
STREET ADDRESS	5091 GENESEE PARKWAY	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **WILLIAM J. FREDERICK, Pres.** **2/31/05** **239-458-9599**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #