


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**

54001056

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
13051 N. CLEVELAND AVE
 Suite, Apt. #, etc.

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

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

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

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 *Larry F. Schiller* DATE **01/23/04**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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	T SCHILLER, KATHERINE M 5915 SANDBURG DRIVE FORT MYERS, FL 339035820	<input type="checkbox"/> Delete
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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: *Larry F. Schiller* DATE: **01/23/04** 239 997-4022
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #