

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000020584

Entity Name: ADVANTAGE 5 TITLE, INC.

FILED
Aug 01, 2005
Secretary of State

Current Principal Place of Business:

13051 N. CLEVELAND AVE.
N. FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

13051 N CLEVELAND AVE
NORTH FORT MYERS, FL 33903 US

New Mailing Address:

FEI Number: 65-1080217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHILLER, LARRY F
13051 N CLEVELAND AVE
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPS () Delete
Name: SCHILLER, THEODORE E
Address: 5915 SANDBURG DRIVE
City-St-Zip: FORT MYERS, FL 339035820

Title: T (X) Delete
Name: SCHILLER, KATHERINE M
Address: 5915 SANDBURG DRIVE
City-St-Zip: FORT MYERS, FL 339035820

Title: PD (X) Delete
Name: SCHIELLER, LARRY F
Address: 13490 RED MAPLE CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHILLER, LARRY F
Address: 13490 RED MAPLE CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY F. SCHILLER

_____ Electronic Signature of Signing Officer or Director

P

08/01/2005

_____ Date