

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90654 024 \*\*\*150.00

**DOCUMENT # 258035**

1. Entity Name  
**ADVANCE PRODUCTS, INC.**



Principal Place of Business  
**11060-70 AVENUE NORTH  
SEMINOLE, FL 33772 US**

Mailing Address  
**11060-70 AVENUE NORTH  
SEMINOLE, FL 33772 US**

**94080577**



04152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0952664**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**VANHORN, GEORGE M.  
6249 HILLSIDE AVENUE NORTH  
SEMINOLE, FL 33772**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	TD VAN HORN, SHARLENE 6249 HILLSIDE AVE N SEMINOLE, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN HORN, GEORGE M. 6249 HILLSIDE AVE N SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN HORN, DOUGLAS A 12506 DORSEY DR NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDEN, DENNIS M 4040 51 AVE N. ST PETE, FL 33714
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 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:**

*Sharlene L. VanHorn* (Sharlene L. VanHorn)

Date

Daytime Phone #

7/29/04

727-342-1676