2005 FOR PROF ANNUAL F	IT CORPOR		EU ED
DOCUMENT # 498063 1. Entity Name ADVANCE DESIGN & CONTRACTO			FILED Mar 12, 2005 08:00 AN Secretary of State
Principal Place of Business	Mailing Address	•••• · · · · · · · · · · · · · · · · ·	
5500 COMMERCE DRIVE ORLANDO FL 32839-2974	5500 COMMERCE DRI ORLANDO FL 32839-2		i interna anna anna anna anna anna anna anna
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & State	City & State		4. FEI Number 59-1651103 Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired Fee Regulared
6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
OSWALD, KENNETH F		Name	
STE 110 600 COURTLAND ST ORLANDO FL 32804		Street Addre	ess (P.O. Box Number is Not Acceptable)
		City	FL Zip Code
 The above named entity submits this statement the obligations of registered agent 	for the purpose of changing its	registered office or reg	istered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered age	t and title if applicable (NOTE	Registered Agent signature re-	quired when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.0			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
Make Check Payable to Florida Department 10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ST	– 🗍 Deiete	TATLE	Change Addition
NAME EDDY, GWENDOLYN SIREET ADDRESS 5500 COMMERCE DRIVE CITY-ST-ZIP ORLANDO FL		NAME STREET ADDRESS CITY-ST-ZIP	U00000260500 03/ 12/05-80026-023 150.00
		TITLE	Change Addition
NAME EDDY, DAVID A STREET ADDRESS 5500 COMMERCE DRIVE CITY ST-ZIP ORLANDO FL		NAME STREET ADDRESS CITY- ST- ZIP	
		TITLE	Change Addillon
NAME STREET ADDRESS CITY - ST - ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
TIRLE	Delete	TITLE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADORESS CITY - ST - ZIP	
TILE	Delete	TITLE	Change 🗍 Addition
NAME STREET ADDRESS CITY - ST - ZIP		NAME STREET ADDRESS CITY - ST - ZIP	
TITLE	Delete	TITLE	Change Addition
NAME STREET ADDRESS CITY - ST-ZIP		NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied wi	is true and accurate and that m powered to execute this report a with all other like empowered.	the exemption stated in a signature shall have as required by Chapter	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath, that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE:	PRINTED NAME OF SUMMING OFFICER		Date Daytme Phone f