## 2004 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT** DOCUMENT # F02000000524 1. Entity Name

Principal Place of Business

1031 W MORSE BLVD. SUITE 160

WINTER PARK, FL 32789

115

ADVANTA II SECURED INCOME FUND, INC.

Mailing Address

1031 W MORSE BLVD. SUITE 160

WINTER PARK, FL 32789 US

## **FILED** Apr 07, 2004 08:00 AM Secretary of State



03112004

No Chg-P

CR2E034 (10/03)

4. FEI Number 58-2657312

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FULCO, BARRY 1031 W, MORSE BLVD. **SUITE 160** WINTER PARK, FL 32789

## DO NOT WRITE IN THIS SPACE

4.2.04

401.478.4900

| 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 like it              | f applicable (NOTE Registerer   | d Agent signature required when reinstating) | DATE                                      |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00   |   | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. |  | U00000105254<br>04/87/04-80018-002 150.00 |
| 10.   | OFFICERS AND DIREC  | TORS  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZEP  | PD<br>FULCO, BARRY<br>1031 W. MORSE BLVD., SUITE 160<br>WINTER PARK, FL 32789 |   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | STD<br>ZAJAN, JAY<br>1031 W. MORSE BLVD., SUITE 160<br>WINTER PARK, FL 32789  |   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   | DO   | NOT WRITE                                 |
| Title<br>Name<br>Street address<br>City-St-Zip  |   |   | IN "   | THIS SPACE                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   | <del></del>                                  |   |
| 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 any address, with all other like empowered |   |   |  |   |