

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000005030**

**1. Entity Name**  
CAPITAL ADVANTAGE FINANCE AND DEVELOPMENT,  
INC.



**Principal Place of Business**

1000 WILLIAM HILTON PARKWAY, SUITE 101  
HILTON HEAD ISLAND, SC 29928

**Mailing Address**

1000 WILLIAM HILTON PARKWAY, SUITE 101  
HILTON HEAD ISLAND, SC 29928



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
82-0568311

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

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

ANDREW D. TARR, ESQUIRE  
305 W. HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009

**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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	C
<b>NAME</b>	RTK CONSULTING, LLC
<b>STREET ADDRESS</b>	1000 WILLIAM HILTON PARKWAY, SUITE 101
<b>CITY-ST-ZIP</b>	HILTON HEAD ISLAND, SC 29928
<b>TITLE</b>	VC
<b>NAME</b>	CSD, LLC
<b>STREET ADDRESS</b>	816 HOLLAND AVENUE
<b>CITY-ST-ZIP</b>	CAYCE, SC 29033
<b>TITLE</b>	PS
<b>NAME</b>	CAUFMANN, THOMAS
<b>STREET ADDRESS</b>	1000 WILLIAM HILTON PARKWAY, SUITE 101
<b>CITY-ST-ZIP</b>	HILTON HEAD ISLAND, SC 29928
<b>TITLE</b>	VT
<b>NAME</b>	THOMPSON, CHUCK
<b>STREET ADDRESS</b>	1000 WILLIAM HILTON PARKWAY, SUITE 101
<b>CITY-ST-ZIP</b>	HILTON HEAD ISLAND, SC 29928
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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01/12/07-80046-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #