

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001217

Entity Name: ADVANTAGE COMP, INC.

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

23 MAYS LANDING RD.
SOMERS POINT, NJ 08244

New Principal Place of Business:

Current Mailing Address:

23 MAYS LANDING RD.
SOMERS POINT, NJ 08244

New Mailing Address:

P.O. BOX 235
SOMERS POINT, NJ 08244

FEI Number: 22-3614476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AVOLIO, ROBERT P ESQ
2730 US #1 SOUTH, SUITE J
ST. AUGUSTINE, FL 32086 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: PC () Delete
Name: SCIBAL, DAVID A
Address: 23 MAYS LANDING RD.
City-St-Zip: SOMERS POINT, NJ 08244

Title: VCV () Delete
Name: SCIBAL, STEPHEN J
Address: 44 E. VERNON AVE.
City-St-Zip: NORTHFIELD, NJ 08255

Title: STD () Delete
Name: DODS, REYNOLDS
Address: 105 ARLINGTON AVE.
City-St-Zip: LINWOOD, NJ 08221

Title: D () Delete
Name: BASIL, TOM JR.
Address: 422 COVENTRY WAY
City-St-Zip: GALLOWAY, NJ 08205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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: REYNOLDS DODS

STD

01/07/2008

Electronic Signature of Signing Officer or Director

Date