

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001217

Entity Name: ADVANTAGE COMP, INC.

FILED  
Apr 02, 2009  
Secretary of State

## Current Principal Place of Business:

23 MAYS LANDING RD.  
SOMERS POINT, NJ 08244

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 235  
SOMERS POINT, NJ 08244

## New Mailing Address:

FEI Number: 22-3614476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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: ROBERT P. AVOLIO, ESQUIRE

RA

04/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date