

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90060 034 ***150.00

40074600



04182007 Chg-P CR2E034 (12/06)

4. FEI Number **59-2118447** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # F41302
1. Entity Name
ADVANTAGE EMPLOYER SERVICES V, INC.



Principal Place of Business
**1201 S. MCCALL RD.
ENGLEWOOD, FL 34223**

Mailing Address
**1201 S. MCCALL RD.
ENGLEWOOD, FL 34223**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**SHIPPY, TERRY L
1201 S. MCCALL RD.
ENGLEWOOD, FL 34223**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Terry Shippy* VP/D **4/18/2007**
Signature, typed or printed name of registered agent and title 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	
TITLE	D <input type="checkbox"/> Delete
NAME	DIGNAM, DAVID M
STREET ADDRESS	1201 S. MCCALL RD.
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D <input type="checkbox"/> Delete
NAME	SHIPPY, CHERYLE A
STREET ADDRESS	975 GILLESPIE STREET
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D <input type="checkbox"/> Delete
NAME	FOGO, ERIC J
STREET ADDRESS	1201 S. MCCALL RD.
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	VPS <input type="checkbox"/> Delete
NAME	SHIPPY, TERRY L
STREET ADDRESS	975 GILLESPIE STREET
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	TD <input type="checkbox"/> Delete
NAME	DIGNAM, THOMAS M
STREET ADDRESS	1201 S. MCCALL RD.
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	PD <input type="checkbox"/> Delete
NAME	RICHARDS, ALLEN L
STREET ADDRESS	13074 VIA FLAVIA
CITY-ST-ZIP	PLACIDA, FL 33946

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4804 JACARANDA HEIGHTS DRIVE
CITY-ST-ZIP	VENICE FL 34293
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4804 JACARANDA HEIGHTS DRIVE
CITY-ST-ZIP	VENICE FL 34293
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Terry Shippy* VP/D **4/18/2007 (941) 473-0636**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #