


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 23, 2004 8:00 am
Secretary of State

06-23-2004 90001 013 ***550.00

DOCUMENT # G74643	
1. Entity Name ADVANTAGE/MAYER, INC.	

Principal Place of Business 5908 BRECKEN RIDGE PKWY TAMPA, FL 33610 US	Mailing Address 5908 BRECKEN RIDGE PKWY TAMPA, FL 33610 US
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54058488



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06162004 Chg-P CR2E034 (10/03)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-2353050	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ERGER, ROBERT B 5908 BRECKEN RIDGE PKWY TAMPA, FL 33610

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ERGER, ROBERT 5908 BRECKEN RIDGE PKWY TAMPA, FL 33610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUNDERLAND, C. M 5908 BRECKEN RIDGE PKWY TAMPA, FL 33610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, CHARLES A 2100 RIVERCHASE CENTER BIRMINGHAM, AL 35244 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BELL, HERB 5908 BRECKEN RIDGE PKWY TAMPA, FL 33610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PITTS, LUTHER W JR. 13530 SOUTH RIDGE DR. CHARLOTTE, NC 28273 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.

SIGNATURE: Robert B. Erger, Pres./Treas. Date: 6/21/04 Daytime Phone #: 813)342-9400