

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**

**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

4. FEI Number  
**59-2353050**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ERGER, ROBERT B  
5908 BRECKEN RIDGE PKWY  
TAMPA, FL 33610**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SUNDERLAND, C. M  
5908 BRECKEN RIDGE PKWY  
TAMPA, FL 33610** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
REID, CHARLES A  
2100 RIVERCHASE CENTER  
BIRMINGHAM, AL 35244** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
BELL, HERB  
5908 BRECKEN RIDGE PKWY  
TAMPA, FL 33610** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
PITTS, LUTHER W JR.  
13530 SOUTH RIDGE DR.  
CHARLOTTE, NC 28273** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 Secy/Treas.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/04  
Date

813)342-9400  
Daytime Phone #