

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90005 012 ***150.00

DOCUMENT # G96596

1. Entity Name
ADVANCED SYSTEMS, INC. OF SUNCOAST



Principal Place of Business
P.O. BOX 1229
PALM HARBOR, FL 34682-1229

Mailing Address
P.O. BOX 1229
PALM HARBOR, FL 34682-1229

40022465



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2421017

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FLOYD, JUDITH L
208 SHORE DRIVE
PALM HARBOR, FL 34683

**DO NOT WRITE
IN THIS SPACE**

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 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	PST
NAME	FLOYD, JUDITH L
STREET ADDRESS	208 SHORE DRIVE
CITY ST ZIP	PALM HARBOR, FL 34683
TITLE	V
NAME	FLOYD, ROBERT E
STREET ADDRESS	208 SHORE DRIVE
CITY ST ZIP	PALM HARBOR, FL 34683
TITLE	V
NAME	FLOYD, JUSTIN R
STREET ADDRESS	3328 DOWNAN POINT DRIVE
CITY ST ZIP	LAND O' LAKES, FL 34638
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Judith L. Floyd JUDITH L. FLOYD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/20/07 813-854-1400

Daytime Phone #