

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # J86603

1. Entity Name

AADVANTAGE RELOCATION, INC.



Principal Place of Business

1714 FRANKFORD AVE
PANAMA CITY, FL 32405 US

Mailing Address

PO DRAWER 16087
PANAMA CITY, FL 32406 US



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2828210	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAGEE, TERRELL
1714 FRANKFORD AVE
PANAMA CITY, FL 32405

**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 renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM MAGEE, TERRELL 3312 STATE AVE PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, WALLACE J 1847 MALLARD DR. PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARNES, JAMES K 3914 COUNTRY CLUB COURT LYNN HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORMILE, WILLIAM P. 3040 GODFREY PALCE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/01/06-00057-015 158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRELL MAGEE

1/10/06

850-769-6683

Date

Daytime Phone #