

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90069 021 ***150.00

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**



01092007 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 ☐ **\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	PM
NAME	MAGEE, TERRELL
STREET ADDRESS	3312 STATE AVE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	S
NAME	HARRIS, WALLACE J
STREET ADDRESS	1847 MALLARD DR. 3307 NAUTICAL DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32404 32409
TITLE	V
NAME	BARNES, JAMES K
STREET ADDRESS	3914 COUNTRY CLUB COURT
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	T
NAME	MORMILE, WILLIAM P.
STREET ADDRESS	3040 GODFREY PLACE
CITY-ST-ZIP	TALLAHASSEE, FL 32308 32309
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: TERRELL MAGEE 1/10/07 850-763 5435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #