

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 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**



01072008 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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000877442
04/14/08-80014-013 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PM
MAGEE, TERRELL
3312 STATE AVE
PANAMA CITY, FL 32405**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HARRIS, WALLACE J
3307 NAUTICAL DRIVE
PANAMA CITY, FL 32409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BARNES, JAMES K
3914 COUNTRY CLUB COURT
LYNN HAVEN, FL 32444**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MORMILE, WILLIAM P.
3040 GODFREY PLACE
TALLAHASSEE, FL 32309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

1/16/08

Date

850-763-5435

Daytime Phone #