2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# J86603

Entity Name: AADVANTAGE RELOCATION, INC.

Current Principal Place of Business:

1714 FRANKFORD AVE
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

PO DRAWER 16087
PANAMA CITY, FL 32406 US

New Mailing Address:

FEI Number: 59-2828210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAGEE, TERRELL
1714 FRANKFORD AVE
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PM ( ) Delete
Name: MAGEE, TERRELL,
Address: 3312 STATE AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: S ( ) Delete
Name: HARRIS, WALLACE J
Address: 3307 NAUTICAL DRIVE
City-St-Zip: PANAMA CITY, FL 32409

Title: V ( ) Delete
Name: BARNES, JAMES K
Address: 3914 COUNTRY CLUB COURT
City-St-Zip: LYNN HAVEN, FL 32444

Title: T ( ) Delete
Name: MORMILE, WILLIAM P.
Address: 3040 GODFREY PLACE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNY BARNES V.P. 01/06/2009

Electronic Signature of Signing Officer or Director Date