

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90003 044 \*\*\*150.00

|                                                                                                                                                                                                                               |                                    |                     |                                                                                                                        |                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # J94922</b><br>1. Entity Name<br><b>ADD-VANCED ACCOUNTING, INC.</b>                                                                                                                                              |                                    |                     |                                                                                                                        |  |  |
| Principal Place of Business<br><b>5974-111TH PLACE N<br/>PINELLAS PARK FL 33782<br/>US</b>                                                                                                                                    |                                    |                     | Mailing Address<br><b>P O 3028<br/>PINELLAS PARK FL 33780<br/>US</b>                                                   |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                |                                    | 3. Mailing Address  |                                                                                                                        |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |                                    | Suite, Apt. #, etc. |                                                                                                                        |                                                                                   |  |
| City & State                                                                                                                                                                                                                  |                                    | City & State        |                                                                                                                        |                                                                                   |  |
| Zip                                                                                                                                                                                                                           | Country                            | Zip                 | Country                                                                                                                |                                                                                   |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                               |                                    |                     | 7. Name and Address of New Registered Agent                                                                            |                                                                                   |  |
| <b>ELMER, MARGARET FLAHERTY<br/>5974-111TH PLACE N<br/>PINELLAS PARK FL 33782</b>                                                                                                                                             |                                    |                     | Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____ |                                                                                   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                  |                                    |                     |                                                                                                                        |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                               |                                    |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>    |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                    |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                  |                                                                                   |  |
| TITLE                                                                                                                                                                                                                         | DP <input type="checkbox"/> Delete |                     | TITLE                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                          | ELMER, MARGARET FLAHERTY           |                     | NAME                                                                                                                   |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                | 5974-111TH PLACE N                 |                     | STREET ADDRESS                                                                                                         |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   | PINELLAS PARK FL 33782             |                     | CITY-ST-ZIP                                                                                                            |                                                                                   |  |
| TITLE                                                                                                                                                                                                                         | D <input type="checkbox"/> Delete  |                     | TITLE                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                          | ELMER, KURT                        |                     | NAME                                                                                                                   |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                | 5974-111TH PLACE N                 |                     | STREET ADDRESS                                                                                                         |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   | PINELLAS PARK FL 33782             |                     | CITY-ST-ZIP                                                                                                            |                                                                                   |  |
| TITLE                                                                                                                                                                                                                         | <input type="checkbox"/> Delete    |                     | TITLE                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                          |                                    |                     | NAME                                                                                                                   |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                |                                    |                     | STREET ADDRESS                                                                                                         |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                    |                     | CITY-ST-ZIP                                                                                                            |                                                                                   |  |
| TITLE                                                                                                                                                                                                                         | <input type="checkbox"/> Delete    |                     | TITLE                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                          |                                    |                     | NAME                                                                                                                   |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                |                                    |                     | STREET ADDRESS                                                                                                         |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                    |                     | CITY-ST-ZIP                                                                                                            |                                                                                   |  |
| TITLE                                                                                                                                                                                                                         | <input type="checkbox"/> Delete    |                     | TITLE                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                          |                                    |                     | NAME                                                                                                                   |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                |                                    |                     | STREET ADDRESS                                                                                                         |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                    |                     | CITY-ST-ZIP                                                                                                            |                                                                                   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Margaret J Elmer Pres 3/15/04 727-544-2211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #