

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # K91028

1. Entity Name
ADVANTAGE OFFICE PRODUCTS, INC.



Principal Place of Business

8930 WESTERN WAY

#7

JACKSONVILLE, FL 32256 US

Mailing Address

P. O. BOX 57146

JACKSONVILLE, FL 32241-7146 US



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2958184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATSON, TODD
7785 BAYMEADOWS WAY, SUITE 107
JACKSONVILLE, FL 32256

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000746942
05/17/07-80003-024 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
MC GEE, C. VICTOR
4776 BEACON DR. W
JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MC GEE, CHRISTOPHER P
10213 TREVOR CREEK DR. E
JACKSONVILLE, FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MC GEE, CHARLES H
11314 APOLINE COURT
JACKSONVILLE, FL 32223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

CHRISTOPHER P. MCGEE

4/27/07

Date

Daytime Phone #

904-737-0060