2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2005
Secretary of State

DOCUMENT# P01000021768

Entity Name: ADVANTAGE INSURANCE CONSULTANTS, INC.

Current Principal Place of Business:

2611 SHIPSTON AVE
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

6204 ROCKROSS AVE.
NEW PORT RICHEY, FL 34655

Current Mailing Address:

2611 SHIPSTON AVE
NEW PORT RICHEY, FL 34655

New Mailing Address:

6204 ROCKROSS AVE.
NEW PORT RICHEY, FL 34655

FEI Number: 59-3710800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUDY, JEFFREY
2611 SHIPSTON AVE
NEW PORT RICHEY, FL 34655 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: P ( ) Delete
Name: LUDY, JEFF
Address: 2611 SHIPSTON AVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP ( ) Delete
Name: FREEMAN, MICHAEL
Address: 6204 ROCKROSS AVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: AGEN ( ) Change (X) Addition
Name: FREEMAN, JENNIFER L
Address: 6204 ROCKROSS AVE.
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL FREEMAN VP 01/03/2005

Electronic Signature of Signing Officer or Director — Date