

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000055291

**FILED**  
**Apr 20, 2005**  
**Secretary of State**

**Entity Name:** ADVANTAGE LAND & TITLE, INC.

**Current Principal Place of Business:**

436 MCKENZIE AVENUE  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

831 MAGNOLIA AVENUE  
PANAMA CITY, FL 32401

**Current Mailing Address:**

P.O. BOX 71  
PANAMA CITY, FL 32402

**New Mailing Address:**

P.O. BOX 2148  
PANAMA CITY, FL 32402

FEI Number: 59-3727776

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOWDY, EMILY L  
436 MCKENZIE AVENUE  
PANAMA CITY, FL 32401 US

**Name and Address of New Registered Agent:**

CONNER, NICOLE W  
831 MAGNOLIA AVENUE  
PANAMA CITY, FL 32401 US

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: NICOLE W. CONNER

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DOWDY, EMILY L  
Address: 436 MCKENZIE AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete  
Name: CONNER, NICOLE W  
Address: 436 MCKENZIE AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: CONNER, NICOLE W  
Address: 831 MAGNOLIA AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

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: NICOLE W. CONNER

D

04/20/2005

Electronic Signature of Signing Officer or Director

Date