


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90485 046 ***150.00

DOCUMENT # P01000073126 1. Entity Name ADVANTAGE BILLING SERVICE, INC.			
Principal Place of Business 1035 HAMILTON AVENUE TARPON SPRINGS, FL 34689-2160		Mailing Address 1035 HAMILTON AVENUE TARPON SPRINGS, FL 34689-2160	
2. Principal Place of Business 1019 WIDEVIEW AVE Suite, Apt. #, etc.		3. Mailing Address 1019 WIDEVIEW AVE Suite, Apt. #, etc.	
City & State TARPON SPRINGS, FL Zip 34689		City & State TARPON SPRINGS, FL Zip 34689	
Country US		Country US	
4. FEI Number 59-3736431		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEDGER, MICHELLE 1035 HAMILTON AVENUE TARPON SPRINGS, FL 34689-2160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1019 WIDEVIEW AVE City TARPON SPRINGS FL Zip Code 34689	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D LEDGER, MICHELLE <input type="checkbox"/> Delete	TITLE	D LEDGER MICHELLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEDGER, MICHELLE	NAME	LEDGER MICHELLE
STREET ADDRESS	1035 HAMILTON AVENUE	STREET ADDRESS	1019 WIDEVIEW AVE
CITY - ST - ZIP	TARPON SPRINGS, FL 346892160	CITY - ST - ZIP	TARPON SPRINGS FL 34689
TITLE	<input type="checkbox"/> Delete	TITLE	S MARY ANN GIBELLI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MARY ANN GIBELLI
STREET ADDRESS		STREET ADDRESS	904 RIVER SIDE DR
CITY - ST - ZIP		CITY - ST - ZIP	TARPON SPRINGS FL 34689
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	
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: <u>M. Michelle Ledger</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/30/05 722-934-254 <small>Date Daytime Phone #</small>	