

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


2/4

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90046 047 \*\*\*150.00

**DOCUMENT # P0100086272**

1. Entity Name  
**ADVANTAGE MARKETING COMPANY OF TAMPA BAY, INC.**



Principal Place of Business  
**5615 ESSEX COURT 3919 Ambassador Dr.**  
**PALM HARBOR, FL 34685**

Mailing Address  
**5615 ESSEX COURT Ambassador Drive**  
**PALM HARBOR, FL 34685**

**66004108**



01162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3742218**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PRICE, BENJAMIN J III**  
**5615 ESSEX COURT 3919 Ambassador Drive**  
**PALM HARBOR, FL 34685**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PRICE, BENJAMIN J III
STREET ADDRESS	5615 ESSEX COURT 3919 Ambassador Drive
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Nancy Price Nancy Price 01.31.05 727.784.5960  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. J. Price III BENJAMIN J PRICE III 3/8/05