


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000030205		
1. Entity Name ADVANTAGE TRANSPORT CORP		
Principal Place of Business 5026 INGRAHAM ST TAMPA, FL 33616	Mailing Address 5026 INGRAHAM ST. TAMPA, FL 33616	

DO NOT WRITE IN THIS SPACE



01182004 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0000280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

DEMPSEY, PATRICIA R
5026 INGRAHAM ST.
TAMPA, FL 33616

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000040388
02/09/04-80045-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DEMPSEY, PATRICIA R 6010 S SHERIDAN RD TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMPSEY, GLENN M 6010 S SHERIDAN RD TAMPA, FL 33611
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	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLENN M Dempsey

Date

1-20-04 8138351686

Daytime Phone #