

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90258 001 ***300.00

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

66009573



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-0000280

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Patricia R Dempsey 4/6/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
DEMPSEY, PATRICIA R
~~6010 S SHERIDAN RD~~
TAMPA, FL ~~33644~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
Dempsey Patricia R
5026 INGRAHAM ST TAMPA FL 33616

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DEMPSEY, GLENN M
~~6010 S SHERIDAN RD~~
TAMPA, FL ~~33644~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GLENN M DEMPSEY
5026 INGRAHAM ST TAMPA FL 33616

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

Glenn Dempsey

4-1-06

813 835-1696