

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90055 009 ***150.00

DOCUMENT # P02000039504

1. Entity Name
ADVANTAGE ENTERPRISES INC.



Principal Place of Business
**3131 PIGEON COVE ST
DELTONA, FL 32738**

Mailing Address
**3131 PIGEON COVE ST
DELTONA, FL 32738**

94032742

2. Principal Place of Business
3320 COMMERCE AVENUE

3. Mailing Address
3320 COMMERCE AVENUE



02252004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DELTONA, FLORIDA

City & State
DELTONA, FLORIDA

4. FEI Number
01-0670619

Applied For
Not Applicable

Zip **32738** Country **USA**

Zip **32738** Country **USA**

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

6. Name and Address of Current Registered Agent

**ROEMMELT, JOHN
3131 PIGEON COVE ST
DELTONA, FL 32738**

7. Name and Address of New Registered Agent

Name
ROEMMELT, JOHN

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

3320 COMMERCE AVENUE

City
DELTONA

FL

Zip Code **32738**

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVST
ROEMMELT, JOHN
3131 PIGEON COVE ST
DELTONA, FL 32738** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVST
ROEMMELT, JOHN
3320 COMMERCE AVENUE
DELTONA, FLORIDA 32738** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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☐ Change ☐ Addition

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

3-15-04

Date

386-956-8794

Daytime Phone #