


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P02000041152 |  |
| 1. Entity Name ADVANCED MARKET SYSTEMS, INC. | |

| | |
|--|---|
| Principal Place of Business 16596 CAPTIVA DRIVE CAPTIVA, FL 33924 | Mailing Address P.O. BOX 488 - 16596 CAPTIVA DRIVE CAPTIVA, FL 33924 |
|--|---|



01212007 No Chg-P CR2E034 (11/05)

| | |
|--|---|
| 4. FEI Number 72-1527500 | 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 CUTLER, STEPHEN 16596 CAPTIVA DRIVE P.O. BOX 488 CAPTIVA, FL 33924 |
|---|

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, 2007 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD CUTLER, STEPHEN 16596 CAPTIVA DRIVE CAPTIVA, FL 33924 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CUTLER, SUE ELLEN 16596 CAPTIVA DRIVE CAPTIVA, FL 33924 |
| 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 | |

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:  **STEPHEN CUTLER** **1/21/07** **29-478-9476**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #