

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000092848

1. Entity Name
HOME COURT ADVANTAGE, INC.



Principal Place of Business:
**7328 ELSA STREET
ENGLEWOOD, FL 34224 US**

Mailing Address
**7328 ELSA STREET
ENGLEWOOD, FL 34224 US**

FILED

04 AUG -9 AM 9: 32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

06/28/04 90008 032 \$150.00
07282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3656170

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, LOREN
7328 ELSA STREET
ENGLEWOOD, FL 34224**

**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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MILLER, LOREN 7328 ELSA STREET ENGLEWOOD, FL 34224 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V TIBER, DAVID C 13039 CLARIDON-TROY ROAD BURTON, OH 44021 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MILLER, MARY A 7328 ELSA STREET ENGLEWOOD, FL 34224 |
| 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**

[Handwritten Signature]

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

7-30-04

Date

941-475-4133

Daytime Phone #