## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000051695

SIGNATURE: S

## FILED Apr 27, 2004 8:00 am Secretary of State

04-27-2004 90056 026 \*\*\*150.00

1. Entity Name ADVANCE						
Principal Place	e of Business	Mailing Address			24056525	
P.O. BOX 146 BRADENTON,	570 FL 34280-4670	P.O. BOX 14670 BRADENTON, FL 34280	-4670	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Beni Beni Pere Pier Alem Allis ik	181 G111291 II 1281
410	ace of Business 45t. W.	3. Mailing Address Bo	x 14148			
Suite, Apt.	. 44 /	Suite, Apt. #, etc.		04142004 Chg-P	CR2E034 (10/0	)3)
City & State	adenton, FL	Citys State 13 raden	ton, FL	4. FELNumber -008	0130	Applied For Not Applicable
Zi342	209 Manatee	34280	Manates	5. Certificate of Status De	¢o 75	Additional uired
1	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of		
WICKMAN & WYCKOFF, P.A. 4909 MANATEE AVENUE WEST BRADENTON, FL 34209					Ennis	
			Street Address	(P.O. Box Number is Not Acc	eptalest. W	
5,0,52,11			S	te N		
			City B	radientor	► FL Zig	34209
	named entity submits this statement for	the purpose of changing its re	egistered office or registe	ered agent, or both, in the Stat	e of Florida. I am familiar v	vith, and accept
the obligations of registered agent.  Gene C. Ennis 4-20-04						
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 \$5.00 May Be Trust Fund Contribution.						
10.	OFFICERS AND D		11,	ADDITIONS/CHANGES 1	O OFFICERS AND DIRECT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ENNIS, Eugene P.O. Box 1414	8	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Chai	nge 🔲 Addition
TITLE	pracentou,	<u> </u>	TITLE		Chai	nge 🔲 Addition
NAME		E 54/0(5	NAME			J
STREET ADDRESS   CITY - ST - ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Chai	nge 🔲 Addition
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Cha	nge Addition
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TITLE		☐ Delete	TITLE ,	<u>-</u>	☐ Cha	nge 🔲 Addition
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CITY - ST - ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Cha	nge 🔲 Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	•		
CITY-ST-ZIP			CITY-ST-ZIP			
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.						

941-761-4898