

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90103 026 ***150.00

DOCUMENT # P03000110224	
1. Entity Name ADVANTAGE REALTY OF PALM COAST, INC.	

Principal Place of Business 17 FLAMINGO CT. PALM COAST, FL 32137	Mailing Address 17 FLAMINGO CT. PALM COAST, FL 32137
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2. Principal Place of Business 1 CORPORATE DR Suite, Apt. #, etc. UNIT 1K	3. Mailing Address 1 CORPORATE DR Suite, Apt. #, etc. UNIT 1K
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City & State Palm Coast, FL	City & State Palm Coast, FL
Zip 32137	Country USA
Zip 32137	Country USA

04112005 Chg-P CR2E034 (10/03)

4. FEI Number
04-3778080

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

6. Name and Address of Current Registered Agent

MEDNIKOV, IRENE
17 FLAMINGO CT.
PALM COAST, FL 32137

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	D MEDNIKOV, YEFIM 17 FLAMINGO CT. PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDNIKOV, IRENE 17 FLAMINGO CT. PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Y. Mednikov 04/14/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #