2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000128436

1. Entity Name
ADVANTIS MARKETING & RESEARCH, INC.

Principal Place of Business	Mailing Address
2012 MEADOWBROOK DR LUTZ, FL 33549	2012 MEADOWBROOK DR LUTZ, FL 33549

DO NOT WRITE IN THIS SPACE

04122007   No Chg-P   CR2E034 (11/05)

4. FEI Number 56-2416589	Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

HIMES, JOSHUA
2012 MEADOWBROOK DR
LUTZ, FL 33549

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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 Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	HIMES, JOSHUA
STREET ADDRESS	2012 MEADOWBROOK DR
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/07-80031-006 150.00

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: _____   4/18/07   (813) 920 2748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   /Date   Daytime Phone #