

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90348 001 ***600.00

DOCUMENT # P04000149454

1. Entity Name
AADVANTAGE REALTORS, INC.



Principal Place of Business
430
3724 S SCENIC HWY
BLUE LAKE APARTMENTS
LAKE WALES, FL 33853

Mailing Address
430
3724 S SCENIC HWY
BLUE LAKE APARTMENTS
LAKE WALES, FL 33853



2. Principal Place of Business - No P.O. Box #

430 S Scenic Highway

3. Mailing Address

430 S Scenic Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052007

Chg-P

CR2E034 (12/06)

City & State

Lake Wales FL

City & State

Lake Wales FL

4. FEI Number

20-1824742

Applied For

Not Applicable

Zip **33853**

Country

Zip **33853**

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAPPY, SAMUEL
430 3724 S SCENIC HWY
LAKE WALES, FL 33853

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **430 PAPPY, SAMUEL**
STREET ADDRESS **3724 S SCENIC HWY**
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/07

Date

863-678-0001

Daytime Phone #