

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000105025

FILED  
Jan 12, 2012  
Secretary of State

**Entity Name:** A-ADVANTAGE INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

1514 SE PORT ST LUCIE BLVD.  
PORT SAINT LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

1514 SE PORT ST LUCIE BLVD.  
PORT SAINT LUCIE, FL 34952 US

**New Mailing Address:**

**FEI Number:** 05-0630777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PELLICANO, DAVID J  
1609 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952 US

**Name and Address of New Registered Agent:**

PELLICANO, DAVID J  
1514 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952 US

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.

SIGNATURE: DAVID J PELLICANO

01/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: PELLICANO, DAVID J  
Address: 1951 SW IMPORT DR.  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP  
Name: PELLICANO, DAVID J  
Address: 1951 SW IMPORT DR.  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: ST  
Name: PELLICANO, DAVID J  
Address: 1951 SW IMPORT DR.  
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID J PELLICANO

PRES

01/12/2012

Electronic Signature of Signing Officer or Director

Date