

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000015661

FILED  
May 01, 2009  
Secretary of State

Entity Name: ADVANTAGE INSURANCE OF SARASOTA, INC.

**Current Principal Place of Business:**

4071 BEE RIDGE ROAD  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

4071 BEE RIDGE ROAD  
SARASOTA, FL 34233

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POWERS, KELLY A  
7110 BEECHMONT TERRACE  
BRADENTON, FL 34202 US

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

ALBERT, DEERING R  
4071 BEE RIDGE RD  
SARASOTA, FL 34233 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: ALBERT R DEERING

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: POWERS, KELLY A  
Address: 7110 BEECHMONT TERRACE  
City-St-Zip: BRADENTON, FL 34202

Title: VP (X) Delete  
Name: DEERING, ALBERT R  
Address: 7801 SOUTH GATOR CREEK BLVD  
City-St-Zip: SARASOTA, FL 34241

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DEERING, ALBERT R  
Address: 4071 BEE RIDGE RD  
City-St-Zip: SARASOTA, FL 34233

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALBERT R DEERING

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date