

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90008 011 ***150.00

DOCUMENT # P11110

1. Entity Name

ADVANCE HOMES INC.



Principal Place of Business

4215 E. 60TH STREET
SUITE 6
DAVENPORT IA 52807

Mailing Address

4215 E. 60TH STREET
SUITE 6
DAVENPORT IA 52807

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

City & State

4. FEI Number

42-0794211

Applied For

Not Applicable

Zip

Country

Zip

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

KERVER, W. MICHAEL
11220 METRO PARKWAY, SUITE 27
FORT MYERS FL 33912

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SEITZ, A. JEFFREY | |
| STREET ADDRESS | 10614 RESTORATION TERR. | |
| CITY-ST-ZIP | BRADENTON FL 34212 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | WETZEL, BRUCE | |
| STREET ADDRESS | 2135 NICHOLAS COURT | |
| CITY-ST-ZIP | BETTENDORF IA | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | SEITZ, A. JEFFREY | |
| STREET ADDRESS | 10614 RESTORATION TERR. | |
| CITY-ST-ZIP | BRADENTON FL 34212 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SEITZ, VELMA L. | |
| STREET ADDRESS | 4221 E. 60TH STREET | |
| CITY-ST-ZIP | DAVENPORT IA 52807 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|--|
| TITLE | SEITZ, A. Jeffrey - President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1705 Susan Ct | |
| STREET ADDRESS | Bettendorf Ia 52722 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | S.T. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SEITZ, A. Jeffrey | |
| STREET ADDRESS | 1705 Susan Ct | |
| CITY-ST-ZIP | Bettendorf Ia 52722 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #