

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Sept 29  
2020 NOV 5 PM 12:07

DOCUMENT # *P16000061807*  
1. Entity Name  
*Advanced Group Home, Inc*



**DO NOT WRITE IN THIS SPACE**

500354085875  
10/21/20--0102--01 -- \$138.75

CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #  
*6704 Commodore Way*  
Suite, Apt. #, etc

3. Mailing Address *(same)*  
Suite, Apt. #, etc.

City & State  
*Tampa, FL*

City & State

Zip  
*33615* Country *USA*

Zip  
*33615* Country

4. FEI Number *813285929* Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *6704 Commodore Way*

Street Address (P.O. Box Number is Not Acceptable)

*Rosa Companioni*

City *Tampa* FL Zip Code *33615*

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 *Rosa Companioni* *R. Hunt* *10/28/20*  
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-instating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  \$5.00 May Be  
Trust Fund Contribution. Added to Fees

E-mail Address:  
*Rosa.E41@hotmail.com*  
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Rosa E. Companioni 6704 Commodore Way Tampa, FL 33615</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SEP 23 2020 R. HUNT</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.165 F.S.

SIGNATURE: *Rosa E. Companioni* *10/15/20* *(813)545-1188*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

11/06/20

CORPORATE DETAIL RECORD SCREEN

7:51 AM

NUM: P16000061807 ST:FL ACTIVE/FL PROFIT FLD: 07/25/2016 EFF: 07/20/2016

LAST: REVOCATION OF VOLUNTARY DISSOLUT FLD: 09/23/2020

NAME : ADVANCED GROUP HOME INC

PRINCIPAL: 6704 COMMODORE WAY

ADDRESS TAMPA, FL 33615

RA NAME : COMPANIONI, ROSA E

RA ADDR : 6704 COMMODORE WAY

TAMPA, FL 33615 US

ANN REP : (2017) W 03/15/17 (2018) W 02/05/18 (2019) W 03/25/19

1. MENU, 3. OFFICERS, 4. EVENTS, 5. NOTES

ENTER SELECTION AND CR: