

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90031 007 ***150.00

DOCUMENT # P28955

1. Entity Name
ADVANTAGE CAPITAL INSURANCE AGENCY, INC.



Principal Place of Business
**2300 WINDY RIDGE PARKWAY
SUITE 1100
ATLANTA, GA 30339 US**

Mailing Address
**PO BOX 1387
BLUE SPRINGS, 64013-1387 US**

44006188



01142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address
**2300 Windy Ridge Pkwy.
Suite 1100**

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 1100

City & State

City & State
Atlanta, GA

4. FEI Number
43-1513705

Applied For
☐ Not Applicable

Zip

Country

Zip
30339

Country
US

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SHIPLEY, THOMAS
2300 WINDY RIDGE PKWY #1100
ATLANTA, GA 30339** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WELLS, THOMAS M
2300 WINDY RIDGE PKWY #1100
ATLANTA, GA 30339** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
WILLIAMS, DANIEL O
2300 WINDY RIDGE PKWY #1100
ATLANTA, GA 30339** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PARKER, RALPH
2300 WINDY RIDGE PKWY #1100
ATLANTA, GA 30339** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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, and that I am duly empowered.

SIGNATURE: Daniel O. Williams, Vice President/Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/04 (770) 916-6500

Date

Daytime Phone #