


Apr 28  
Sec

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P94000048584</b> 1. Entity Name <b>ADVANTAGE HOME MORTGAGE CORPORATION</b>	
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Principal Place of Business 1705 19TH PL STE D2 VERO BEACH, FL 32960 US	Mailing Address 1705 19TH PL STE D2 VERO BEACH, FL 32960 US
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01152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3252489</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

TAYLOR, JAMES A III  
5070 HIGHWAY A1A  
VERO BEACH, FL 32963

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	DP COLLINS, JOHN C PRES 445 45TH CT VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COLLINS, SARA J TRES 445 45TH CT VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORGAN, ROBERT A VP 4500 12TH LN VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MORGAN, MARIA V SEC 4500 12TH LN VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN00000338037  
04/28/05-80013-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 #

*Robert A. Morgan V.P.* 4/23/05 778-9807