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# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000048584		
1. Entity Name ADVANTAGE HOME MORTGAGE CORPORATION		
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	



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3252489	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  TAYLOR, JAMES A III 5070 HIGHWAY A1A VERO BEACH, FL 32963
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

000000626487  
02/15/07-80020-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLLINS, JOHN C PRES 525 32ND CRT SW VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COLLINS, SARA J TRES 525 32ND CRT SW 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	

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Clayton Collins 02-05-07 772-778-9907  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*John Clayton Collins, President*