

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90010 018 ***150.00

DOCUMENT # P95000033216

1. Entity Name
ADVANTA ENTERPRISES, INC.



Principal Place of Business

**660 ANCLOTE DRIVE
TARPON SPRINGS, FL 34689**

Mailing Address

**PO BOX 1802
TARPON SPRINGS, FL 34688**

50001374



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

01032005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3311729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOLE, BRADLEY D M ESQ.
RADHERT, STEELE, BRYAN, BOLE & REYNOLDS PA
535 CENTRAL AVE.
ST. PETERSBURG, FL 33701**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 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 **PT** ☒ Delete
NAME **CALLABY, R**
STREET ADDRESS **PO BOX 1802**
CITY-ST-ZIP **TARPON SPRINGS, FL 34688**

TITLE **V** ☐ Delete
NAME **WAWRIK, BORIS**
STREET ADDRESS **660 ANCLOTE DR.**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **RICHARD CALLABY**
STREET ADDRESS **660 ANCLOTE DRIVE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **ANNA WAWRIK**
STREET ADDRESS **660 ANCLOTE DRIVE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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

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

TITLE ☐ Change ☐ 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]

RICHARD CALLABY

1/1/05 (127) 942-0838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #