## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 05, 2004 8:00 am Secretary of State

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DOCUMENT # P95000047976  1. Entity Name ADVANTAGE REALTY OF NORTH FLORIDA, INC.							4 90017 002 ** <sup>,</sup>	
Principal Place of Business Mailing Address					44010743			
5858 WEST DUVAL STREET LAKE CITY, FL 32055  LAKE CITY, FL 32055						110	10180	
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Principal Place of Business     3. Mailing Address								
379 W. DUVAL STREET 379 W. DUVAL			VAL STR	eet		N INIMA MATE MISSI IBNICI MINI	II MUNITI URBIN INNIN INITI INDI	
Suite, Apt. #, etc. Suite, Apt. #, etc.					02132004	Chg-P	CR2E034 (10/0	
Lake City FL Lake City			`FL		4. FEI Number 59-332			Applied For Not Applicable
32055	Country	32055	Country		5. Certificate	of Status Desired	\$8.75 Fee Regu	Additional
J2033	6. Name and Address of Current	<del></del>			7. Name and	Address of New R	<u> </u>	iii Çû
	الا دو و المستوات الم	Name			Δα-	0/	-	
ELLIS, JOANNA P 585 WEST DUVAL STREET				Street Address (P.O. Box Number is Not Acceptable)				
LAKE CITY, FL 32055				379		DUVAL	STREET	
			City	. )			<b>Fa</b> Zin C	ode
				<u>LAK</u>	<u> ጉ ር ነ</u> ተ	<u> </u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot on the State of Florida. I am familiar with, and accept the obligations of legistered agent								
SIGNATURE SHAWN SHOWN (NOTE: Registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
<u> </u>								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF.	ICERS AND DIRECTO	ORS IN 11
TITLE	PTS	☐ Delete	TITLE				Chang	e 🔲 Addition
NAME STREET ADDRESS	• • • •		NAME STREET ADDRESS	.				
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP	<b>'</b>				
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NAME			NAME	.				
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CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>				
12. Thereby of indicated	certify that the information supplied with on this report or supplemental report is	ithis filing does not qualify for strue and accurate and that m	tne exemption s ov signature shall	ated in Se have the s	ction 119,07(3)( same legal effec	i), Florida Statutes. I it as if made under d	i turther certify that th	e information per or director

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.

GNATURE

BIGNATURE AND TYPED OR PRENTED NAME OF SIGNING OFFICER OR DIRECTOR

Detc

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SIGNATURE