


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-05-2004 90017 002 ***158.75

DOCUMENT # P95000047976	
1. Entity Name ADVANTAGE REALTY OF NORTH FLORIDA, INC.	

Principal Place of Business 5858 WEST DUVAL STREET LAKE CITY, FL 32055	Mailing Address 5858 WEST DUVAL STREET LAKE CITY, FL 32055
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44013723

2. Principal Place of Business 379 W. DUVAL STREET Suite, Apt. #, etc.	3. Mailing Address 379 W. DUVAL STREET Suite, Apt. #, etc.
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City & State Lake City, FL Zip 32055	Country
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02132004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3324412	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELLIS, JOANNA P 585 WEST DUVAL STREET LAKE CITY, FL 32055	7. Name and Address of New Registered Agent Name JOANNA P. AMRHEIN Street Address (P.O. Box Number is Not Acceptable) 379 W. DUVAL STREET City Lake City FL Zip Code 32055
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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 Joanna P. Amrhein DATE 3/1/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS ELLIS, JOANNA P 585 WEST DUVAL STREET LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE Joanna P. Amrhein DATE 3/1/04 (386) 867-4991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR