


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90281 038 ***150.00

DOCUMENT # P95000081154 1. Entity Name ADVANTOR SYSTEMS CORPORATION	
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Principal Place of Business 1707 ORLANDO CENTRAL PKWY STE 350 ORLANDO, FL 32809	Mailing Address 1707 ORLANDO CENTRAL PKWY SUITE 350 ORLANDO, FL 32809 US
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DO NOT WRITE IN THIS SPACE

40078387



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3370662	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC
 420 SOUTH ORANGE AVE.
 SUITE 1200
 ORLANDO, FL 32801-4904

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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 _____ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CLIFTON, RICHARD N JR 1707 ORLANDO CENTRAL PKWY, STE 350 ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLEMMING, H TODD 1707 ORLANDO CENTRAL PKWY, STE 350 ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHIRLEY, JEFFREY 1707 ORLANDO CENTRAL PKWY, STE 350 ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **RICHARD N. CLIFTON, SR/COO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #