

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # P95000086363

1. Entity Name
ADVANTAGE REAL ESTATE CORPORATION



Principal Place of Business
**13388 NORTH HWY. 19
SALT SPRINGS, FL 32134**

Mailing Address
**13388 NORTH HWY. 19
SALT SPRINGS, FL 32134**



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3389076

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KETCHIE, PAT K
13388 NORTH HWY. 19
SALT SPRINGS, FL 32134**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000891593

04/23/08 60047 025 150.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	KETCHIE, JAMES J
STREET ADDRESS	12230 N.E. 236TH TERRACE
CITY - ST - ZIP	SALT SPRINGS, FL 32134
TITLE	P
NAME	KETCHIE, PAT K
STREET ADDRESS	13388 N HWY 19
CITY - ST - ZIP	SALT SPRINGS, FL 32134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pat K Ketchie

Date

Daytime Phone #

4/08/08 *352-685-3330*