

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90019 026 \*\*\*150.00

**DOCUMENT # P96000039598**

1. Entity Name

**ADVANTAGE ADJUSTMENT COMPANY**



Principal Place of Business

1414 SE 17TH AVE  
STE 103  
CAPE CORAL FL 33990  
US

Mailing Address

~~P.O. BOX 151089~~  
~~CAPE CORAL FL 33916-1089~~

2. Principal Place of Business

3. Mailing Address

1414 S.E. 17TH AVE  
Suite, Apt. #, etc.  
Suite 103



1st MOORE

CR2E034 (10/04)

City & State

City & State  
CAPE CORAL, FL

4. FEI Number

65-0663534

Applied For

Not Applicable

Zip

Country

Zip  
33990.

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FREDERICK, WILLIAM J  
1060 S.E. 20TH PLACE  
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FREDERICK, WILLIAM	
STREET ADDRESS	1060 S.E. 20TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FREDERICK, CAROLYN	
STREET ADDRESS	1060 S.E. 20TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FRYANT, LYNNE	
STREET ADDRESS	5091 GENESEE PARKWAY	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** **WILLIAM J. FREDERICK, PRES.**

0/31/05

239-458-9599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #