

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

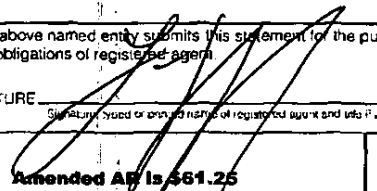
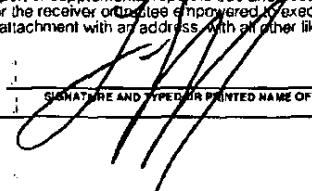
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

44050787

DOCUMENT # P97000083854					
1. Entity Name ADVANTAGE INVESTMENT GROUP OF WEST FLORIDA, INC.					
Principal Place of Business 1050 POINTE SEASIDE DR CRYSTAL BEACH, FL 34681			Mailing Address P O BOX 1172 CRYSTAL BEACH, FL 34681		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number NOT APPLICABLE			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name ADVANTAGE INTERNATIONAL SYSTEM, INC Street Address (P.O. Box Number is Not Acceptable) 2510 CORAL LANDING BLVD #101 City PALM HARBOR FL 34684		
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  LOUIS M. SNGLIA (CEO) 8/3/04					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CASEY, CATHLEEN C		NAME		
STREET ADDRESS	1050 POINTE SEASIDE DR		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			7/22/04 (727) 787-8852		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		