

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90064 014 ***150.00

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|---|---|---|--|---|--|
| DOCUMENT # P97000084559 | | | | | |
| 1. Entity Name ADVANTAGE TITLE, INC. | | | | | |
| Principal Place of Business 9732 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 | | | Mailing Address 9732 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 | | |
| 2. Principal Place of Business - No P.O. Box # 9734 W. Sample Rd. | | 3. Mailing Address 9734 W. Sample Rd. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Coral Springs, Fl. | | City & State Coral Springs, Fl. | | 4. FEI Number 65-0793976 | |
| Zip 33065 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DIAMOND, BARRY A 9728 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPT ROLNICK, HERBERT H <input type="checkbox"/> Delete 9734 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVS DIAMOND, BARRY A <input type="checkbox"/> Delete 9728 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP SHERMAN, BETTY <input type="checkbox"/> Delete 9732 W SAMPLE RD CORAL SPRINGS, FL 33065 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | vp Sherman, Betty <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9734 W. Sample Rd., Coral Springs, Fl. 33065 | |
| 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 | |
| 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 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: | | | Date 8/5/08 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BETTY SHERMAN | | | 954-3448988 | | |