

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000094800

1. Entity Name
AD-VANTAGENET, INC.



Principal Place of Business

**1960 STICKNEY POINT ROAD
SUITE 210
SARASOTA, FL 34231**

Mailing Address

**1960 STICKNEY POINT ROAD
SUITE 210
SARASOTA, FL 34231**

DO NOT WRITE IN THIS SPACE



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0797314

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VILLARES, RAYMOND M
1960 STICKNEY POINT ROAD
SUITE 210
SARASOTA, FL 34231**

**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 (if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**D
HEAPS, SCOTT A
1960 STICKNEY POINT RD, STE 210
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
VILLARES, RAYMOND M
1960 STICKNEY POINT RD, STE 210
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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U00000122896
04/21/04-80049-002 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 807, 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

4.25.04 941.927.7674

Date

Daytime Phone #