


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000094800 1. Entity Name AD-VANTAGENET, INC.	
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Principal Place of Business 1960 STICKNEY POINT ROAD SUITE 210 SARASOTA, FL 34231	Mailing Address 1960 STICKNEY POINT ROAD SUITE 210 SARASOTA, FL 34231
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04122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0797314	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
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**DO NOT WRITE
IN THIS SPACE**

U00000321958
04/21/05-80098-020 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4.15.05 941.927.7674
Date Daytime Phone #