

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90065 007 \*\*\*150.00

**DOCUMENT # S65671**

1. Entity Name

**ADVANTAGE HOME ASSISTED CARE, INC.**



Principal Place of Business

**13465 WALSHINGHAM ROAD  
LARGO FL 33774  
US**

Mailing Address

**13465 WALSHINGHAM ROAD  
LARGO FL 33774  
US**

**24025494**



**MOORE CR2E034 (11/03)**

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 **59-3110143**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BENEDETTI, LINDA  
1712 EL TAIR TRAIL  
CLEARWATER FL 33765**

7. Name and Address of New Registered Agent

Name **JERRY FINNIN**

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

**13264 84th TERRACE N.**

City **SEMINOLE**

**FL**

Zip Code **33776**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/16/04**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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           | BENEDETTI, LINDA R.   |                                 |
| STREET ADDRESS | 1712 EL TAIR TRAIL    |                                 |
| CITY-ST-ZIP    | CLEARWATER FL 33765   |                                 |
| TITLE          | VP                    | <input type="checkbox"/> Delete |
| NAME           | FINNIN, JERRY         |                                 |
| STREET ADDRESS | 13264 84TH TERRACE N. |                                 |
| CITY-ST-ZIP    | SEMINOLE FL 33776     |                                 |
| 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          | P                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | JERRY FINNIN          |  |
| STREET ADDRESS | 13264 84th TERRACE N. |  |
| CITY-ST-ZIP    | SEMINOLE, FL. 33776   |  |
| TITLE          | VP                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Linda Benedetti       |  |
| STREET ADDRESS | 1712 EL TAIR TRAIL    |  |
| CITY-ST-ZIP    | CLEARWATER, FL. 33765 |  |
| 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           |                       |  |
| 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/16/04**

Date

**727-593-0878**

Daytime Phone #