2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

DOCUMENT # V28125 1. Entity Name ADVANCE MANAGEMENT, INC.				02-25-2008 9	90069 020 ***150.00	
Principal Plac	e of Business	Mailing Address		7. ~~		
1010 WEST GARDEN STREET 1010 WEST GARDEN STREET			REET			
PENSACOLA, FL 32501 US PENSACOLA, FL 32501 U			US	; · · ·		
					81711	
Principal Place of Business - No P.O. Box # 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.			02212008 Chg-P	CR2E034 (12/06)		
City & State City & State		City & State		4. FEI Number 59-3116542	Applied For Not Applicable	
Zıp	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	- 6. Name and Address of Current	Registered Agent		7. Name and Address of New Re	egistered Agent	
BRUNO, PAUL				NO PAUL		
1010 W. GARDEN ST				ss (P.O. Box Number is Not Acceptable)		
PENSACOLA, FL 32504				1) 32 1/21 57	-	
			619	N. BAYlen ST		
				ISACOLA	FL Zip Code 32501	
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. RAVID JR / S 2/21/08						
SIGNATURE Signature, typed or printed natural of registered when and shift if applicable. (NOTE Registered Applict signature terranted when rejectioning) DATE						
· · · · · · · · · · · · · · · · · · ·						
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
After Ma	ay 1, 2008 Fee will be \$550.	110st Fund Conti	button. 🗀 Au	ded to rees		
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFI		
TITLE	DP BRUNO, PAUL	☐ Delete	THILE NAME		☐ Change ☐ Addition	
NAME Street address	619 N BAYLEN ST		STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL		CITY-ST-7/IP			
TITLE	DVST	☐ Delete	TITLE	,	☐ Change ☐ Addition	
NAME	ABRAM, JEFFREY P		NAME			
STREET ADDRESS	5464 LIMESTONE ROAD PENSACOLA, FL		STREET ADDRESS CITY-S1-ZIP			
TITLE	I LINGACOLA, I L	☐ Delete	NILE		☐ Change ☐ Addition	
NAME		- Delete	NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-SI-ZIP			
TITLE		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
NAME STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Deleie	TITLE		Change Addition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
NAME		LJ DEIGG	NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-SI-ZIP			
12. Hereby certify that the information supplied with this filling 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						