


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2008 8:00 am
Secretary of State

07-24-2008 90016 044 ***150.00

DOCUMENT # P01000083649

1. Entity Name
ACTION MARKETING, INC.



Principal Place of Business
**110 E REYNOLDS ST, SUITE 900
 PLANT CITY, FL 33563**

Mailing Address
**110 E REYNOLDS ST, SUITE 900
 PLANT CITY, FL 33563**

2. Principal Place of Business - No P.O. Box #
2001 W Reynolds St

3. Mailing Address
2001 W Reynolds

Suite, Apt. #, etc.

City & State
Plant City FL

City & State
Plant City FL

Zip
33563 Country
USA

Zip
33563 Country
USA



07232008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**MUSGROVE, DANNY J
 110 E REYNOLDS ST, SUITE 900
 PLANT CITY, FL 33563**

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 _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSGROVE, DANNY J	NAME	
STREET ADDRESS	110 E REYNOLDS ST, SUITE 900	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33563	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSGROVE, RHONDA G	NAME	
STREET ADDRESS	110 E REYNOLDS ST, SUITE 900	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33563	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Rhonda G Musgrove* 7/23/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #