


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90110 035 \*\*\*150.00

<b>DOCUMENT # P03000142896</b> 1. Entity Name <b>ACTION ELECTRIC OF VOLUSIA, INC.</b>		
Principal Place of Business <b>218 FLAMINGO RD                  OAK HILL FL 32759</b>		Mailing Address <b>218 FLAMINGO RD                  OAK HILL FL 32759</b>
2. Principal Place of Business <b>218 Flamingo Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>218 Flamingo Rd.</b> Suite, Apt. #, etc.
City & State <b>Oak Hill, Florida</b>		City & State <b>Oak Hill, Florida</b>
Zip <b>32759</b>		Zip <b>32759</b>
Country <b>USA</b>		Country <b>USA</b>
4. FEI Number <b>30-0220059</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>MERRICK, SAMUEL                  218 FLAMINGO RD                  OAK HILL FL 32759</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>		
<b>FILE NOW!!! FEE IS: \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE <b>PD</b> <input type="checkbox"/> Delete	NAME <b>MERRICK, SAMUEL</b>	
STREET ADDRESS <b>218 FLAMINGO RD</b>	CITY - ST - ZIP <b>OAK HILL FL 32759</b>	
TITLE <b>V</b> <input type="checkbox"/> Delete	NAME <b>MERRICK, DERRALL</b>	
STREET ADDRESS <b>218 FLAMINGO RD</b>	CITY - ST - ZIP <b>OAK HILL FL 32759</b>	
TITLE <b>S</b> <input type="checkbox"/> Delete	NAME <b>MERRICK, ARLEATHA</b>	
STREET ADDRESS <b>218 FLAMINGO RD</b>	CITY - ST - ZIP <b>OAK HILL FL 32759</b>	
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 _____ <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: <i>Samuel L Merrick</i>		Date: <i>02/11/05</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Daytime Phone #: <i>306 345-3195</i>

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