

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000021753

**Entity Name:** S.T. ACTION PRO INC.

**Current Principal Place of Business:**

3815 N US 1  
50  
COCOA, FL 32926

**Current Mailing Address:**

3815 N US 1  
50  
COCOA, FL 32926 US

**FEI Number:** 59-3703103

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STIMMELL, EVA M  
7205 MILTON AVENUE  
COCOA, FL 32927 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | DPT                | Title           | DVS                |
| Name            | STIMMELL, JAMES S  | Name            | STIMMELL, EVA M    |
| Address         | 7205 MILTON AVENUE | Address         | 7205 MILTON AVENUE |
| City-State-Zip: | COCOA FL 32927     | City-State-Zip: | COCOA FL 32927     |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES S STIMMELL

**PRESIDENT**

**04/28/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date