

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 357576

1. Entity Name
ACTION RESEARCH CORPORATION



Principal Place of Business
3333 WEST LAKESHORE DRIVE
TALLAHASSEE, FL 32312 US

Mailing Address
3333 WEST LAKESHORE DRIVE
TALLAHASSEE, FL 32312 US

FILED
Jul 24, 2008 08:00 AM
Secretary of State



07212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1281334
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AKER, PATRICIA
3333 W LAKESHORE DR
TALLAHASSEE, FL 32312

**DO NOT WRITE
IN THIS SPACE**

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

(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

TITLE	VD
NAME	AKER, PATRICIA L.
STREET ADDRESS	3333 W. LAKESHORE DRIVE
CITY - ST - ZIP	TALLAHASSEE, FL
TITLE	STD
NAME	AKER, PATRICIA L.
STREET ADDRESS	3333 W. LAKESHORE DRIVE
CITY - ST - ZIP	TALLAHASSEE, FL
TITLE	PD
NAME	AKER, PATRICIA L.
STREET ADDRESS	3333 W. LAKESHORE DR.
CITY - ST - ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000956179
07/24/08-80002-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Patricia L. Aker

PATRICIA L. AKER

7/22/08

850-385-2301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #