

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F82182

FILED
Apr 14, 2009
Secretary of State

Entity Name: ACTION MANUFACTURING AND SUPPLY, INC.

Current Principal Place of Business:

2602 NE 9TH AVE.
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

2602 NE 9TH AVE.
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 59-2193462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUARD, JOHN E
2602 NE 9TH AVE
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: PILGRIM, CAROLYN E
Address: 1422 SW 28TH ST
City-St-Zip: CAPE CORAL, FL 33914

Title: PD () Delete
Name: SHEPARD, RICHARD J
Address: 5267 SKYLARK COURT
City-St-Zip: CAPE CORAL, FL 33904

Title: CD () Delete
Name: GUARD, PAUL P
Address: 422 SW 38TH AVE
City-St-Zip: CAPE CORAL, FL 33991

Title: VCSD () Delete
Name: GUARD, JOHN E
Address: 2508 NW 43RD PLACE
City-St-Zip: CAPE CORAL, FL 33993

Title: D (X) Delete
Name: GASSAWAY, JEFFREY A
Address: 3350 SIESTA DRIVE
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAROLYN E PILGRIM

VD

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date