

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90015 013 \*\*\*150.00

DOCUMENT # G08119

1. Entity Name

ACTION BUSINESS CORP.



Principal Place of Business

324 S.W. 16TH STREET  
BELLE GLADE FL 33430

Mailing Address

324 S.W. 16TH STREET  
BELLE GLADE FL 33430

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2240972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERRING, JAMES M JR  
324 SW 16 ST  
BELLE GLADE FL 33430

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

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**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
ST HERRING, JAMES M. JR  
324 S.W. 16TH STREET  
BELLE GLADE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VPD GEORGE MICHAEL ROYAL  
324 SW 16 ST  
BELLE GLADE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D JEFFREY L. ROYAL  
324 SW 16 ST  
BELLE GLADE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D JOHN C. ROYAL  
324 SW 16TH ST  
BELLE GLADE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Vice President

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
President

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/08

Date

Revised Form #