

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # H59959

1. Entity Name
ACTION CRAFT, INC.



Principal Place of Business
**2603 ANDALUSIA BLVD
CAPE CORAL, FL 33909**

Mailing Address
**2603 ANDALUSIA BLVD
CAPE CORAL, FL 33909**



01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2578956

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GUARD, PAUL P.
2603 ANDALUSIA BLVD.
CAPE CORAL, FL 33909**

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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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GUARD, PAUL P.
STREET ADDRESS 422 SW 38TH AVE
CITY-ST-ZIP CAPE CORAL, FL 33991

TITLE D
NAME MCNAUGHTON, NANCY
STREET ADDRESS 3730 COUNTRY CLUB BLVD
CITY-ST-ZIP CAPE CORAL, FL

TITLE VD
NAME HORTON, RONALD T.
STREET ADDRESS 1139 NW 2ND PLACE
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE CD
NAME GUARD, JOHN E
STREET ADDRESS 2508 NW 43RD PLACE
CITY-ST-ZIP CAPE CORAL, FL 33993

TITLE VD
NAME SHEPARD, RICHARD J.
STREET ADDRESS 5267 SKYLARK COURT
CITY-ST-ZIP CAPE CORAL, FL

TITLE D
NAME GUARD, IRENE C
STREET ADDRESS 2508 NW 43RD PLACE
CITY-ST-ZIP CAPE CORAL, FL 33993

U00000125271
04/22/04-80078-007 150.00

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IN THIS SPACE**

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