


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90422 043 ***150.00

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
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14014000



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03042005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2578956	Applied For <input type="checkbox"/> Not Applicable
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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

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD P.D.T. <input type="checkbox"/> Delete
NAME	GUARD, PAUL P.
STREET ADDRESS	422 SW 38TH AVE
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MCNAUGHTON, NANCY
STREET ADDRESS	3730 COUNTRY CLUB BLVD
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	VD <input type="checkbox"/> Delete
NAME	HORTON, RONALD T.
STREET ADDRESS	1139 NW 2ND PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	GD CDS <input type="checkbox"/> Delete
NAME	GUARD, JOHN E
STREET ADDRESS	2508 NW 43RD PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33993
TITLE	VD <input type="checkbox"/> Delete
NAME	SHEPARD, RICHARD J.
STREET ADDRESS	5267 SKYLARK COURT
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	D <input type="checkbox"/> Delete
NAME	GUARD, IRENE C
STREET ADDRESS	2508 NW 43RD PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33993

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	CDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 _____

[Handwritten Signature]