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Secretary of State

05-06-2008 90030 031 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J63703

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1. Entity Name
AACTION TITLE AGENCY, INC.

Principal Place of Business	Mailing Address
% JAN M. JENNINGS 3579-I S. ACCESS RD. ENGLEWOOD, FL 34224	% JAN M. JENNINGS 3579-I S. ACCESS RD. ENGLEWOOD, FL 34224

04092008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
108 RIO VILLA DR	108 RIO VILLA DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PUNTA GORDA FL	City & State: PUNTA GORDA FL
Zip: 33950 Country:	Zip: 33950 Country:

4. FEI Number: 59-2783796 ☐ 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
KICKMAN, HAROLD 3401 W CYPRESS ST TAMPA, FL 33607	Name: HAROLD HICKMAN 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JENNINGS, JAN M 3146 HICKORY COURT PUNTA GORDA, FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JOHNSON, SHARON A 6386 SCOTT ST PUNTA GORDA, FL 33950	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST STACI PERKINS 15352 MAPLE TREE DR PUNTA GORDA FL 33955	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 empowerings.

SIGNATURE: Jan M. Jennings 4/9/08 941-637-1887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #