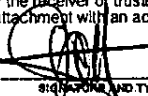


FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90030 031 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J63703			
1. Entity Name AACTION TITLE AGENCY, INC.			
Principal Place of Business % JAN M. JENNINGS 3579-I S. ACCESS RD. ENGLEWOOD, FL 34224		Mailing Address % JAN M. JENNINGS 3579-I S. ACCESS RD. ENGLEWOOD, FL 34224	
2. Principal Place of Business - No P.O. Box # 108 RIO VILLA DR		3. Mailing Address 108 RIO VILLA DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PUNTA GORDA FL		City & State PUNTA GORDA FL	
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 KICKMAN, HAROLD 3401 W CYPRESS ST TAMPA, FL 33607		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____			
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 P NAME JENNINGS, JAN M STREET ADDRESS 3146 HICKORY COURT CITY-ST-ZIP PUNTA GORDA, FL 33950 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE V NAME JOHNSON, SHARON A STREET ADDRESS 6386 SCOTT ST CITY-ST-ZIP PUNTA GORDA, FL 33950 ☒ Delete		TITLE VST NAME STALI PERKINS STREET ADDRESS 15352 MAPLE TREE DR CITY-ST-ZIP 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 names.			
SIGNATURE: 		4/9/08 941-637-1287	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	