

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT# L03271 1. Entity Name ACTION UTILITY PRODUCTS, INC.	
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Principal Place of Business 8570NW68ST MIAMI, FL 33166-2601	Mailing Address 8570NW68ST MIAMI, FL 33166-2601
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04112004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0136750	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLAKE, TIMOTHY CARLESQUIRE 19 WEST FLAGLER ST. BISCAYNE BLDG. SUITE 206 MIAMI, FL 33130
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**DO NOT WRITE
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's signature is required when installing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

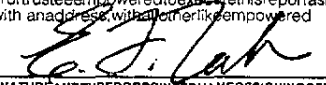
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NELSON, EDWARD F. 12311 S.W. 98TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, WILLIAM PAUL 2106 WEST MARION LANE DADE CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CEJKA, JOHN D JR 12964 SPRING LAKE DRIVE COOPER CITY, FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PICKETT, HARRY 435 SUMMIT CHASE DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/05/04-80051-010 150.00

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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)(f), 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:  **EF Nelson** **4-26-04 3055927340**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #