2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT# L03271

1. EntityName
ACTIONUTILITYPRODUCTS,INC.

PrincipalPlaceofBusiness	MailingAddress
8570NW68ST MIMAI,FL33166-2601	8570NW68ST MIMAI,FL33166-2601

DO NOT WRITE IN THIS SPACE

04112004 NoChg-P CR2E034(10/03)

4. FEINumber
65-0136750
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

BLAKE,TIMOTHYCARLESQUIRE
19WESTFLAGLERST.
BISCAYNEBLDG.SUITE206
MIAMI,FL33130

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8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida Iamfamiliarwith,andaccept theobligationsofregisteredagent

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE RegisteredAgentsignaturerequiredwhenre instating)

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

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	D
NAME	NELSON,EDWARDF.
STREETADDRESS	12311S.W.98THST.
CITY-ST-ZIP	MIAMI,FL
TITLE	D
NAME	SMITH,WILLIAMPAUL
STREETADDRESS	2106WESTMARIONLANE
CITY-ST-ZIP	DADECITY,FL
TITLE	D
NAME	CEJKA,JOHNDJR
STREETADDRESS	12964SPRINGLAKEDRIVE
CITY-ST-ZIP	COOPERCITY,FL33330
TITLE	D
NAME	PICKETT,HARRY
STREETADDRESS	435SUMMITCHASEDR
CITY-ST-ZIP	VALRICO,FL33594
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

U00000155780
05/05/04-80051-010 150.00

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12. Ihereby certify that the information supplied with this filing does not qualify for the exemptions 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: E.F. Nelson EF Nelson 4-26-04 3055927340
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#