2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT# L03271

1. EntityName
ACTIONUTILITYPRODUCTS,INC.

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

04232005 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber
65-0136750

☐ AppliedFor
☐ NotApplicable

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

6. NameandAddressofCurrentRegisteredAgent

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

DO NOT WRITE IN THIS SPACE

8. TheabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagentorbothintheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE ______________________
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE RegisteredAgentsignaturerequiredwhenre instating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	

U00000353293
05/03/05-80061-012 150.00

DO NOT WRITE IN THIS SPACE

12. IherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;and thatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwithanaddress,withallotherlikeempowered.

SIGNATURE: John CESKA 4-25-05 305-
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#