

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03271**

1. Entity Name  
**ACTION UTILITY PRODUCTS, INC.**



Principal Place of Business  
**8570 NW 68 ST  
MIAMI, FL 33166-2601**

Mailing Address  
**8570 NW 68 ST  
MIAMI, FL 33166-2601**



04252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0136750** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fees Required**

6. Name and Address of Current Registered Agent

**BLAKE, TIMOTHY CARL ESQUIRE  
19 WEST FLAGLER ST.  
BISCAYNE BLDG. SUITE 206  
MIAMI, FL 33130**

**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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

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

1000000560185  
05/18/06-80029-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/06

305-592-7340