
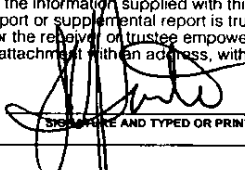


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90031 007 ***150.00

DOCUMENT # L36479 1. Entity Name A ACTION AUTOLINER, INC.					
Principal Place of Business 2263 W NEW HAVEN AVE W MELBOURNE, FL 32904 US			Mailing Address 2263 W NEW HAVEN AVE W MELBOURNE, FL 32904 US		
2. Principal Place of Business - No P.O. Box # 640 High Point CRT Suite, Apt. #, etc.		3. Mailing Address 640 High Point CRT Suite, Apt. #, etc.			
City & State MERRITT ISLAND FL		City & State MERRITT ISLAND FL		4. FEI Number 65-0159260	
Zip 32952 Country USA		Zip 32952 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEPANTE, JOSEPH 2263 W NEW HAVEN AVE W MELBOURNE, FL 32904				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 640 High Point CRT. MERRITT ISLAND FL City MERRITT ISLAND FL Zip Code 32952	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div>					
TITLE PD NAME DEPANTE, JOSEPH STREET ADDRESS 2263 W NEW HAVEN AVE CITY-ST-ZIP W MELBOURNE, FL 32904			TITLE PD NAME JOSEPH DEPANTE STREET ADDRESS 640 High Point CRT. CITY-ST-ZIP MERRITT ISLAND FL 32952		
TITLE VD NAME DEPANTE, KATHLEEN STREET ADDRESS 2263 W NEW HAVEN AVE CITY-ST-ZIP W MELBOURNE, FL 32904			TITLE VD NAME KATHLEEN DEPANTE STREET ADDRESS 640 High Point CRT CITY-ST-ZIP MERRITT ISLAND FL 32952		
TITLE S NAME MATTHEW DEPANTE STREET ADDRESS 2263 W NEW HAVEN AVE CITY-ST-ZIP W MELBOURNE, FL 32904			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE T NAME DEPANTE, HEIDI STREET ADDRESS 2263 W NEW HAVEN AVE CITY-ST-ZIP W MELBOURNE, FL 32904			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  Joseph Depante 4/3/07 321-508-3901 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					