

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004060

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: ACT REEL, INC.

**Current Principal Place of Business:**

1824 SW 35TH AVENUE  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

1824 SW 35TH AVENUE  
GAINESVILLE, FL 32608

**New Mailing Address:**

FEI Number: 38-3781750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VAN HAMERSVELD, L'TANYA M  
1824 SW 35TH AVENUE  
GAINESVILLE, FL 32608 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VAN HAMERSVELD, L'TANYA M  
Address: 1824 SW 35TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

Title: S ( ) Delete  
Name: VAN HAMERSVELD, STEVE M  
Address: 1824 SW 35TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

Title: T (X) Delete  
Name: SCHLAGEL, ERIN  
Address: 3100 SW 35TH PLACE  
City-St-Zip: GAINESVILLE, FL 32608

Title: CAO ( ) Delete  
Name: WATSON, RON  
Address: 106 SUNSET STRIP DRIVE  
City-St-Zip: HAWTHORNE, FL 32640

Title: CAO ( ) Delete  
Name: WATSON, CINDY  
Address: 106 SUNSET STRIP DRIVE  
City-St-Zip: HAWTHORNE, FL 32640

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition  
Name: VAN HAMERSVELD, L'TANYA M  
Address: 1824 SW 35TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L'TANYA M. VAN HAMERSVELD

T

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date