

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

07 DEC -2 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-4-07 LH



11152007 Chg-P CR2E034 (12/06)

DOCUMENT # P01000014919 1. Entity Name ACT REAL ESTATE, INC.					
Principal Place of Business 208 N. MAIN AVE LAKE PLACID, FL 33852			Mailing Address 208 N. MAIN AVE. LAKE PLACID, FL 33852		
2. Principal Place of Business - No P.O. Box # 1200 Durrance Rd Suite, Apt. #, etc.		3. Mailing Address 1200 Durrance Rd Suite, Apt. #, etc.			
City & State Lake Placid FL		City & State Lake Placid FL		4. FEI Number 65-1073251	
Zip 33852		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NIELANDER, WILLIAM J 116 E. INTERLAKE BLVD. LAKE PLACID, FL 33852			7. Name and Address of Now Registered Agent Name: William J. Nielander Street Address (P.O. Box Number is Not Acceptable): 172 E. Interlake Blvd City: Lake Placid FL Zip Code: 33852		
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: <u>Same agent, updated address only</u> <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when resigning.)</small>					
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, JAMES T 1200 DURRANCE RD LAKE PLACID, FL 33852		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, Linda M. 1200 Durrance Rd Lake Placid, FL 33852	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500112907515 12/06/07--01053--005 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>James T Carroll</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11-29-07 863-699-9503 <small>Date Daytime Phone #</small>		