

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2008 8:00 am
Secretary of State

07-24-2008 90016 044 ***150.00



DOCUMENT # P01000083649 1. Entity Name ACTION MARKETING, INC.	
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Principal Place of Business 110 E REYNOLDS ST, SUITE 900 PLANT CITY, FL 33563	Mailing Address 110 E REYNOLDS ST, SUITE 900 PLANT CITY, FL 33563
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2. Principal Place of Business - No P.O. Box # <i>2001 W Reynolds St</i>	3. Mailing Address <i>2001 W Reynolds</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Plant City FL</i>	City & State <i>Plant City FL</i>
Zip <i>33563</i>	Zip <i>33563</i>
Country <i>USA</i>	Country <i>USA</i>



07232008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent MUSGROVE, DANNY J 110 E REYNOLDS ST, SUITE 900 PLANT CITY, FL 33563	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete MUSGROVE, DANNY J	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MUSGROVE, DANNY J	NAME	
STREET ADDRESS	110 E REYNOLDS ST, SUITE 900	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33563	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete MUSGROVE, RHONDA G	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MUSGROVE, RHONDA G	NAME	
STREET ADDRESS	110 E REYNOLDS ST, SUITE 900	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33563	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Rhonda G Musgrove* 7/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #