

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90291 028 \*\*\*150.00

**DOCUMENT # P01000096327**

1. Entity Name  
**ACTION MANUFACTURING OF NORTH FLORIDA, INC.**



Principal Place of Business

**2602 NE 9TH AVE  
CAPE CORAL, FL 33909**

Mailing Address

**2602 NE 9TH AVE  
CAPE CORAL, FL 33909**

**60025822**



03152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1148012**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GUARD, JOHN E  
2602 NE 9TH AVE  
CAPE CORAL, FL 33909**

**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	CDT
NAME	GUARD, PAUL P
STREET ADDRESS	422 SW 38TH AVE.
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	VCSD
NAME	GUARD, JOHN E
STREET ADDRESS	2508 NW 43RD PL.
CITY-ST-ZIP	CAPE CORAL, FL 33993
TITLE	PD
NAME	SHEPARD, RICHARD J
STREET ADDRESS	5267 SKYLARK CT
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	DV
NAME	SEWEJKIS, THOMAS F
STREET ADDRESS	9069 SE CR 319
CITY-ST-ZIP	TRENTON, FL 326932660
TITLE	VD
NAME	PILGRIM, CAROLYN E
STREET ADDRESS	524 SE 2ND TERR
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

**3/16/06**  
Date

**239-524-3443**  
Daytime Phone #