2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000096327

City-St-Zip:

VD

Title:

Name:

Address:

City-St-Zip:

TRENTON, FL 326932660

PILGRIM, CAROLYN E

CAPE CORAL, FL 33909

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FILED Mar 27, 2007 Secretary of State

Entity Name: ACTION MANUFACTURING OF NORTH FLORIDA, INC. **Current Principal Place of Business: New Principal Place of Business:** 2602 NE 9TH AVE CAPE CORAL, FL 33909 **Current Mailing Address: New Mailing Address:** 2602 NE 9TH AVE CAPE CORAL, FL 33909 FEI Number: 65-1148012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUARD, JOHN E 2602 NE 9TH AVE CAPE CORAL, FL 33909 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CDT () Delete Title: () Change () Addition GUARD, PAUL P Name: Name: 422 SW 38TH AVE. Address: Address: City-St-Zip: CAPE CORAL, FL 33991 City-St-Zip: Title: VCSD Title: () Delete () Change () Addition Name: GUARD, JOHN E Name: 2508 NW 43RD PL Address: Address: CAPE CORAL, FL 33993 City-St-Zip: City-St-Zip: Title: Title: PD () Delete () Change () Addition SHEPARD, RICHARD J Name: Name: 5267 SKYLARK CT Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: DV () Delete Title: DV (X) Change () Addition SEWEJKIS, THOMAS F SEWEJKIS, THOMAS F Name: Name: Address: 9069 SE CR 319 Address: 16251 CR 339

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TRENTON, FL 32693

PILGRIM, CAROLYN E

CAPE CORAL, FL 33914

1422 SW 28TH ST

(X) Change () Addition

SIGNATURE: CAROLYN PILGRIM VD 03/27/2007