

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000096327

FILED
Apr 14, 2009
Secretary of State

Entity Name: ACTION MANUFACTURING OF NORTH FLORIDA, INC.

Current Principal Place of Business:

301 SE 11TH ST
TRENTON, FL 32693

New Principal Place of Business:

Current Mailing Address:

2602 NE 9TH AVE
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 65-1148012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDT () Delete
Name: GUARD, PAUL P
Address: 422 SW 38TH AVE.
City-St-Zip: CAPE CORAL, FL 33991

Title: VCSD () Delete
Name: GUARD, JOHN E
Address: 2508 NW 43RD PL.
City-St-Zip: CAPE CORAL, FL 33993

Title: PD () Delete
Name: SHEPARD, RICHARD J
Address: 5267 SKYLARK CT
City-St-Zip: CAPE CORAL, FL 33904

Title: DV () Delete
Name: SEWEJKIS, THOMAS F
Address: 16251 CR 339
City-St-Zip: TRENTON, FL 32693

Title: VD () Delete
Name: PILGRIM, CAROLYN E
Address: 1422 SW 28TH ST
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN E PILGRIM

VD

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date