2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 23, 2008
Secretary of State

DOCUMENT# P03000124660

Entity Name: ACTION SPECIALTY SERVICES, INC.

Current Principal Place of Business:

5894 TRAWICK RD
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

5894 TRAWICK RD
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 20-0434729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC
813 DELTONA BLVD
ST A
DELTONA, FL 32725 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

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: GAYLE, JOSEPH A PRESIDE
Address: 5894 TRAWICK RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: V ( ) Delete
Name: GAYLE, VICKI D VICE PR
Address: 5894 TRAWICK RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: OFFI (X) Delete
Name: HUNTER, RANDALL E OFFICER
Address: 5894 TRAWICK RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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:

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: JOSEPH A GAYLE OWNE 09/23/2008

Electronic Signature of Signing Officer or Director — Date