

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90052 018 ***158.75

DOCUMENT # P04000065072 1. Entity Name ACTION PROPERTY MANAGEMENT & REALTY, INC.																																	
Principal Place of Business 904 DEER SPRINGS RD. PORT ORANGE, FL-32129				Mailing Address 904 DEER SPRINGS RD. PORT ORANGE, FL 32129																													
2. Principal Place of Business 1008 Belleflower Dr. Suite, Apt. #, etc.		3. Mailing Address 1008 Belleflower Dr. Suite, Apt. #, etc.																															
City & State PORT ORANGE, FL Zip 32127		City & State PORT ORANGE, FL Zip 32127		4. FEI Number 20-1041770																													
Country Volusia		Country Volusia		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent BUSH, WILLIAM D JR. 904 DEER SPRINGS RD. PORT ORANGE, FL 32129				7. Name and Address of New Registered Agent Name William D. Bush, Jr. Street Address (P.O. Box Number is Not Acceptable) 1008 Belleflower Dr. City PORT ORANGE FL Zip Code 32127																													
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 William D. Bush, Jr. William D. Bush, Jr. DATE 1/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PSTD BUSH, WILLIAM D JR. 904 DEER SPRINGS RD. PORT ORANGE, FL 32129 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BUSH, WILLIAM D JR. 904 DEER SPRINGS RD. PORT ORANGE, FL 32129 <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PSTD William D. Bush, Jr. 1008 Belleflower Dr. PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD William D. Bush, Jr. 1008 Belleflower Dr. PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BUSH, WILLIAM D JR. 904 DEER SPRINGS RD. PORT ORANGE, FL 32129 <input type="checkbox"/> Delete																																
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD William D. Bush, Jr. 1008 Belleflower Dr. PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William D. Bush, Jr. William D. Bush, Jr. 1/18/05 386-304-7900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																	