2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012203

Address:

City-St-Zip:

Entity Name: ACTION PROPERTIES OF LEE COUNTY, INC.

FILED Jun 10, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
3949 EVANS AVE. #403			3949 #403	3949 EVANS AVE		
FT MYERS, FL 33901				FT MYERS, FL 33901		
Current Mailing Address:				New Mailing Address:		
3949 EVANS AVE. #403 FT MYERS, FL 33901			#403	3949 EVANS AVE #403 FT MYERS, FL 33901		
FEI Number: 20-2215080 FEI Number Applied For () FEI Number			FEI Number N	ot Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
STROSS, WILLIAM A 3949 EVANS AVE. #403 FT MYERS, FL 33901 US			3949 #403	STROSS, WILLIAM A 3949 EVANS AVE #403 FT MYERS, FL 33901 US		
	named entity s of Florida.	submits this statement for the p	urpose of char	ging its registere	ed office or registered agent, or both,	
SIGNATURE: WILLIAM A STROSS				06/10/2009		
	Electron	ic Signature of Registered Age	nt		Date	
		3(2)(b), F.S., the corporation did not Trust Fund Contribution ().	t receive the pric	r notice.		
OFFICERS AND DIRECTORS:			ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () STROSS, WILL 3949 EVANS A FT. MYERS, FL	/E. #403	Title: Name Addre City-S	ss: 3949 EVAN	(X) Change()Addition WILLIAM A IS AVE #403 s, FL 33901 US	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name Addre City-S	ss: 3949 EVÁN	()Change(X)Addition NOEL IS AVE #403 5, FL 33901 US	
Title: Name:	()	Delete	Title: Name	DVP BAKER, AN	() Change (X) Addition	

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.

Address:

City-St-Zip:

3949 EVANS AVE #403

FT MYERS, FL 33901 US

SIGNATURE: WILLIAM A STROSS DP 06/10/2009